

Name

in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name in Full *Martha E. Baker* Town *Roxbury* County *Washington*  
 Died at *Roxbury*  
 Date of death *1906* Month *Dec.* Day *10th* Age *65* Years Months *9* Days *22*  
 Sex *Female* Color or Race *White* Birth-place *Md.*  
 Occupation *Housework* Where Residing if not at place of death  
 Married, Single or Widowed Name of Wife or Husband  
 Father's Name *Jesse Reager* Father's Birthplace *Md.*  
 Mother's Maiden Name *Maria Speaks* Mother's Birthplace *Va.*  
 Name of person giving information *William Baker* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Paralysis* How long *2 weeks*  
 Immediate *Exhaustion* How long  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. Scheeler*  
 Address *Washington*  
 Accident or Suicide? *No*

Park Head reef

Name  
in  
Full

CERTIFICATE OF DEATH

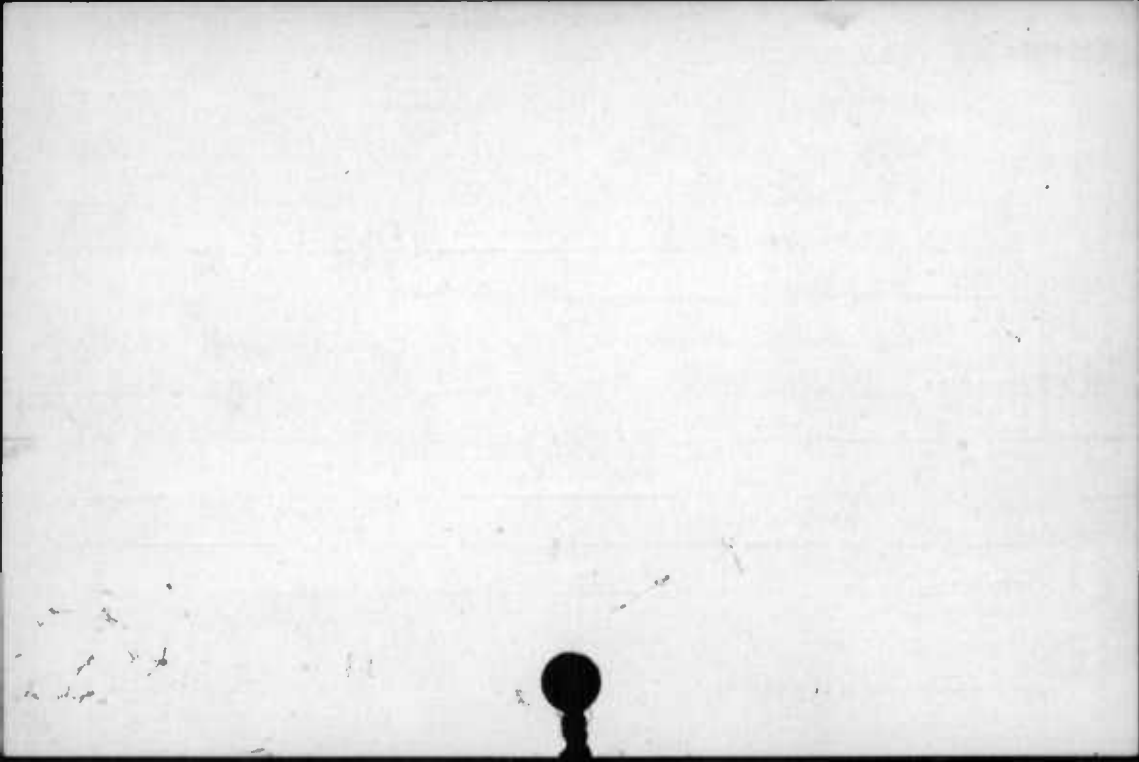
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs Loretta Barnhart</i>		Town <i>Hancock</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hancock</i>		Month <i>June</i>		Day <i>14</i>		Years <i>53</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>14</i>		Years <i>53</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ohio</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Died at home</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Benjamin Barnhart</i>					
Father's Name <i>John Shuster</i>		Father's Birthplace <i>Ohio</i>					
Mother's Maiden Name <i>Rosetta Johnson</i>		Mother's Birthplace <i>Ohio</i>					
Name of person giving information <i>Benjamin Barnhart</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart failure</i>		How long <i>19</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. E. Deligne</i>	
		Address <i>Hancock Md</i>	
Accident or Suicide?			



Name  
In  
Full

Margaret Bear

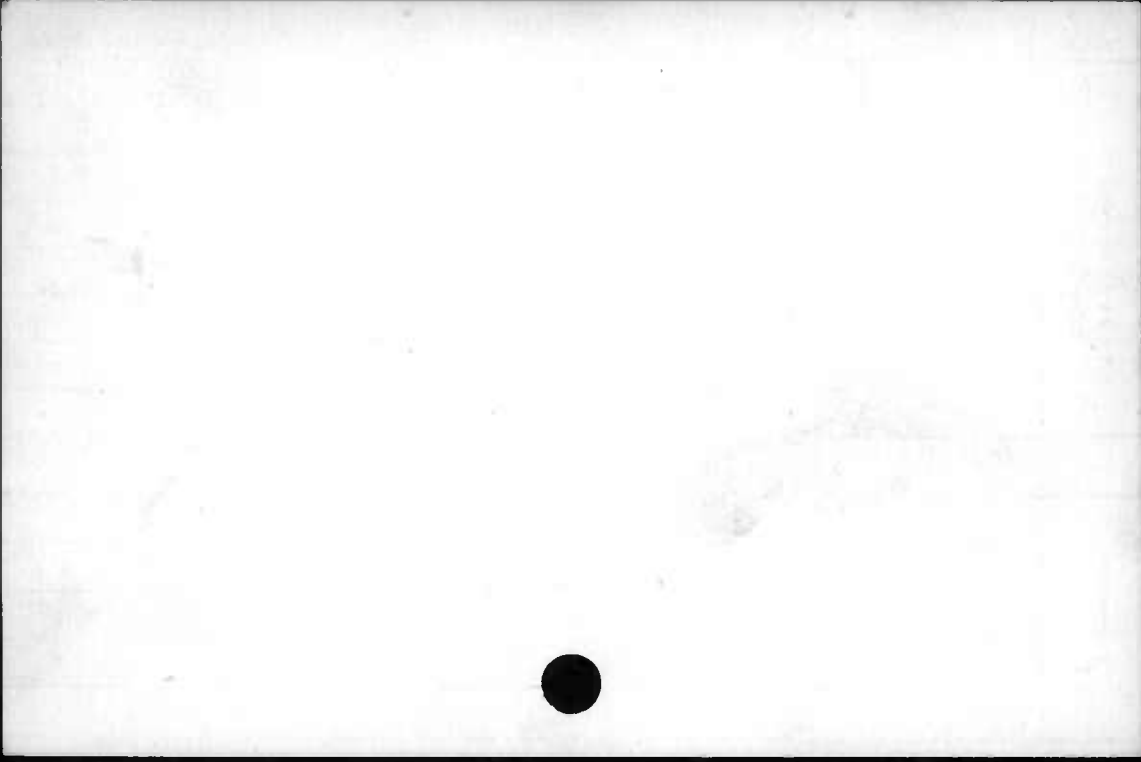
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>12</u> <sup>Month</sup>	<u>25</u> <sup>Day</sup>	Age <u>24</u> <sup>Years</sup>	<u>4</u> <sup>Months</sup>	<u>1</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Id</u>			
Occupation <u>House work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elmer Bear</u>				
Father's Name <u>George Snyder</u>	Father's Birthplace <u>Pa</u>				
Mother's Maiden Name <u>Rachael Wright</u>	Mother's Birthplace <u>Pa</u>				
Name of person giving information <u>Elmer Bear</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Pneumonia</u>	How long <u>61</u>	
	Immediate <u>Eth. question</u>	How long	
	Are the name, age, sex, color, date and place correctly given above? <u>gn</u>	Signature of Physician <u>E. A. Warkham</u>	
		Address <u>169 22nd St NW</u>	
		<u>not</u>	
Accident or Suicide?			



Name  
in  
Full

Infant of Mr + Mrs Oscolla Burtner

CERTIFICATE OF DEATH

Died at Sharpsherg <sup>Town</sup> Washington <sup>County</sup> State  
MARYLAND

Date of death 1906 <sup>Month</sup> 12 <sup>Day</sup> 29 Age — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race White Birth-place Sharpsherg MD

Occupation None Where Residing if not at place of death —

TO BE ANSWERED BY  
NEAREST FRIENDMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?

L E Sumner & Son

Undertakers

Keaysville

Wm



Name  
in  
Full

Mrs Emma J. Brewer

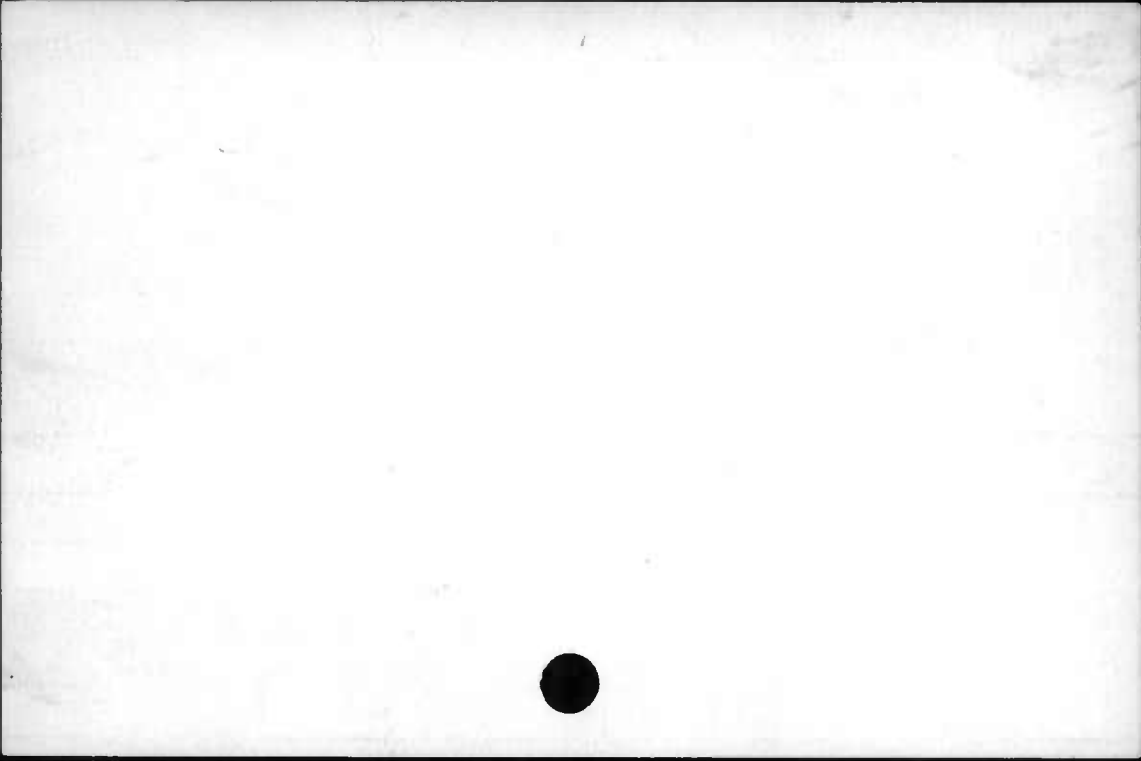
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

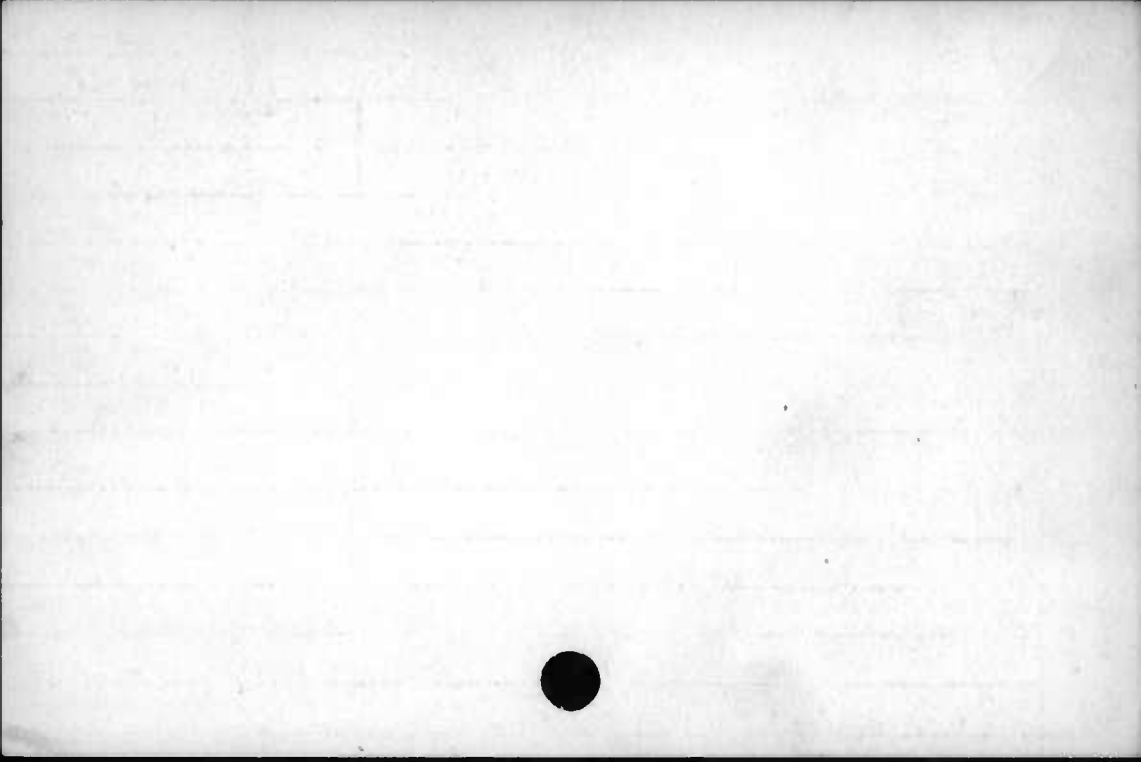
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		12	7	61		4	7
Sex	female	Color or Race	white		Birth-place	Md.	
Occupation	H. W.		Where Residing if not at place of death				
Married, Single or Widowed	married		Name of Husband				
Edward L. Brewer		Father's Name					
John Cook		Father's Birthplace					
Md.		Mother's Name					
Eleanor Ruel		Mother's Birthplace					
Penna.		Name of person giving information					
Clyde Brewer		How related to deceased					
son.							

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	diabetes	How long	Several years
	Immediate	Exhaustion	How long	Two weeks
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address	Waggoner
Accident or Suicide?		no	Hagerstown, Md	



Name in Full		Bridendolph County				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Bear Pond</u> <u>MD</u>		<u>Washington</u>		MARYLAND			
	Date of death <u>1906</u>	Month <u>Decr.</u>	Day <u>25.</u>	Age <u><del>10</del></u>	Months <u>      </u>	Days <u>1 day</u>		
	Sex <u>m</u>	Color or Race <u>w</u>		Birth-place <u>md</u>				
	Occupation <u>      </u>			Where Residing if not at place of death <u>      </u>				
	Married, Single or Widowed <u>      </u>		Name of Wife or Husband <u>      </u>					
	Father's Name <u>Henry Bridendolph</u>			Father's Birthplace <u>md</u>				
	Mother's Maiden Name <u>Elizabeth Hull</u>			Mother's Birthplace <u>md</u>				
Name of person giving information <u>Husband</u>			How related to deceased <u>      </u>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Unknown</u>		<u>95</u>		How long <u>      </u>			
	Immediate <u>Pulmonary Congestion</u>				How long <u>      </u>			
	Are the name, age, sex, color, date and place correctly given above? <u>      </u>		Signature of Physician <u>E. J. Mason, M.D.</u>					
			Address <u>Clearspring md</u>					
	Accident or Suicide? <u>      </u>							



Name  
in  
Full

Archie C Burtner

CERTIFICATE OF DEATH

State  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sharpsburg Town Washington County  
Date of death 1906 Month 12 Day 31 Age 37 Years Months 9 Days 10  
Sex Female Color or Race White Birth-place Sharpsburg  
Occupation House Wife Where Residing if not at place of death Sharpsburg  
Married, Single or Widowed Single Name of Wife or Husband Oscrola Burtner  
Father's Name Joshua Hyand Father's Birthplace Eakins Mills  
Mother's Maiden Name Archie Miller Mother's Birthplace Sharpsburg  
Name of person giving information Oscrola Burtner How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

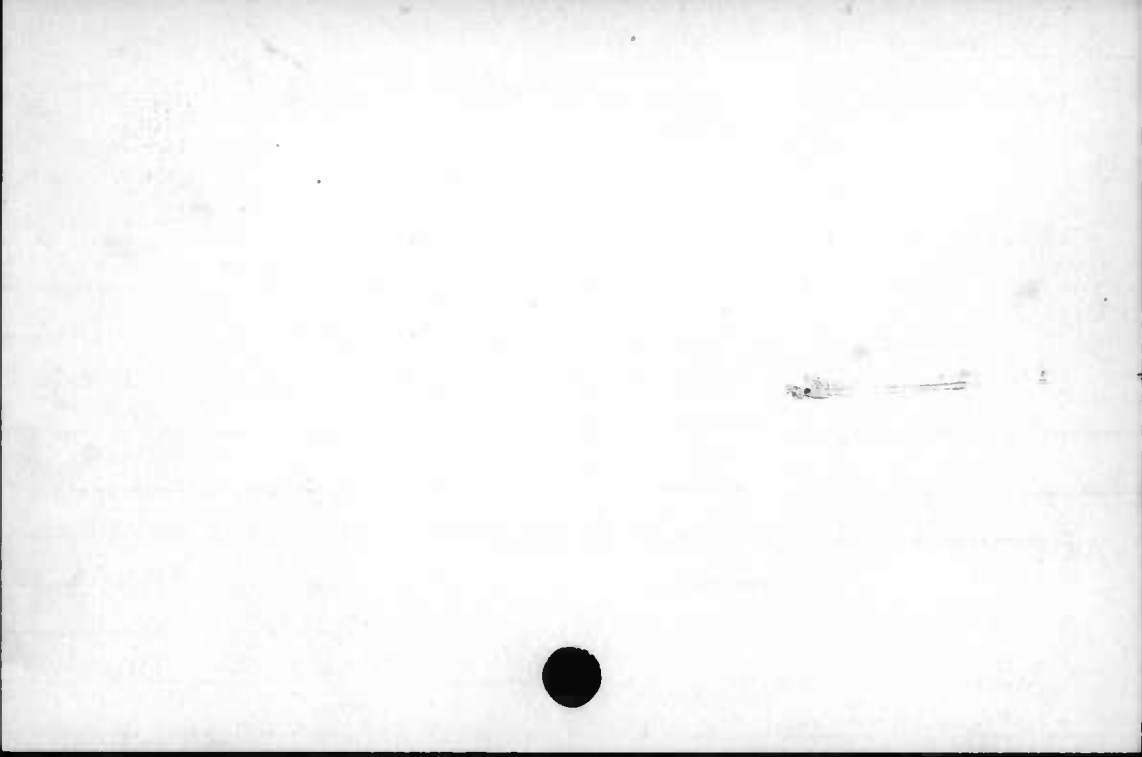
Primary Injury before Confinement How long 3 or 4 days  
Immediate Purpural Complications How long about 4 days  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician D. Howell Gardner  
Address Sharpsburg Md  
Accident or Suicide? No

L E Sumner & Son  
undertake and  
Kendysville  
over

Sept-20 1869

Name in Full TO BE ANSWERED BY NEAREST FRIEND	Laura Virginia Buzzard				CERTIFICATE OF DEATH	
	Died at <i>Hagerstown</i>		Town <i>Washington</i>		County <i>MARYLAND</i>	
	Date of death <i>1906</i>	Month <i>12</i>	Day <i>24</i>	Age <i>—</i>	Months <i>—</i>	Days <i>13</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
	Occupation <i>Child</i>			Where Residing if not at place of death <i>Hagerstown</i>		
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Laura</i>			
	Father's Name <i>J. R. Buzzard</i>			Father's Birthplace <i>md</i>		
	Mother's Maiden Name <i>Sarah R. Kinser</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>J. R. Buzzard</i>				How related to deceased <i>Father</i>		

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Convulsions</i>	How long <i>3 days</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Scheer</i>
	Address <i>Hagerstown</i>	Accident or Suicide? <i>No</i>





Name

in Full

Elizabeth R. Byers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month 12	Day 30	Age 34	Years 6	Months 29	Days
Sex Female		Color or Race White		Birth-place Wmport			
Married, Single or Widowed Single		Occupation House					
Name of Wife or Husband							
Father's Name E. Th. Byers				Father's Birthplace Wmport			
Mother's Maiden Name Keyish Embich				Mother's Birthplace Philadelphia Pa.			
Name of person giving information E. Th. Byers				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Six years
Immediate	Nostration	How long	Two hours.
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician L. S. Richardson	
		Address Williamsport Md	
Accident or Suicide?			

Undertaker  
J. M. Miller

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>6</i>	Month	<i>Dec.</i>	Day	<i>26</i>
Age		<i>19</i>		Years	<i>9</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>laborer</i>		Birth-place		
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Francis</i>		
Mother's Maiden Name			<i>Louisa</i>		
Name of person giving Information			<i>Romondo Griffatelli</i>		
Father's Birthplace			<i>Agnola</i>		
Mother's Birthplace			<i>"</i>		
How related to deceased			<i>"</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 days.</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr. H. C. Foster</i>	
Address		<i>Cratespring</i>	
Accident or Suicide?		<i>—</i>	

x



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Mary Susan Cross*  
Died at *near Hagerstown* *Wash.*

MARYLAND

Date of death *1906* *12* *6* Age *61* Months *5* Days *—*

Sex *Female* Color or Race *white* Birthplace *Ind.*

Occupation *N. W.* Where Residing if not at place of death *—*

Married, Single or Widowed *widow* Name of Husband *John C. Cross*

Father's Name *Geo Beard* Father's Birthplace *Ind.*

Mother's Maiden Name *Susan Scarberry* Mother's Birthplace *Ind.*

Name of person giving information *Mrs Laura Kesselring* How related to deceased *daughter*

CAUSES OF DEATH

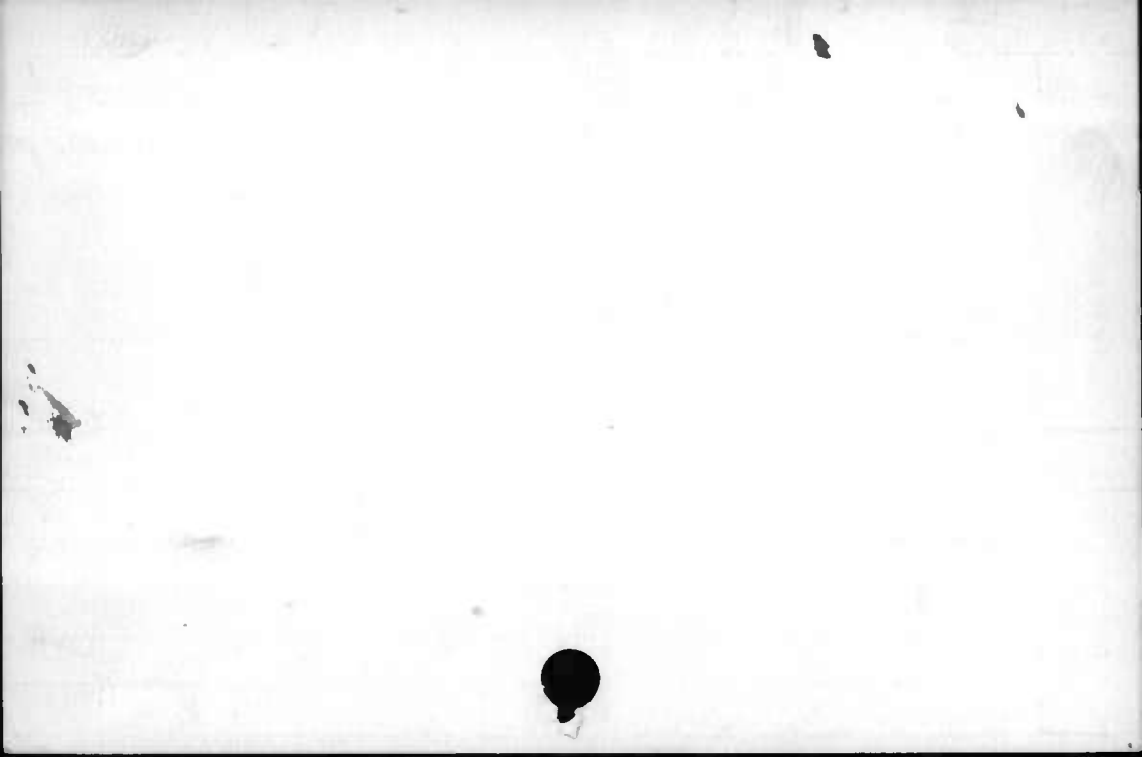
PHYSICIAN  
OR CORONER

Primary *Cancer —* How long *Three years*  
Immediate *Exhaustion* How long *several months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *O. C. Rague*  
Address *Hagerstown, Md.*

Accident or Suicide? *No*



Name  
in  
Full

David M. P. Cummings

## CERTIFICATE OF DEATH

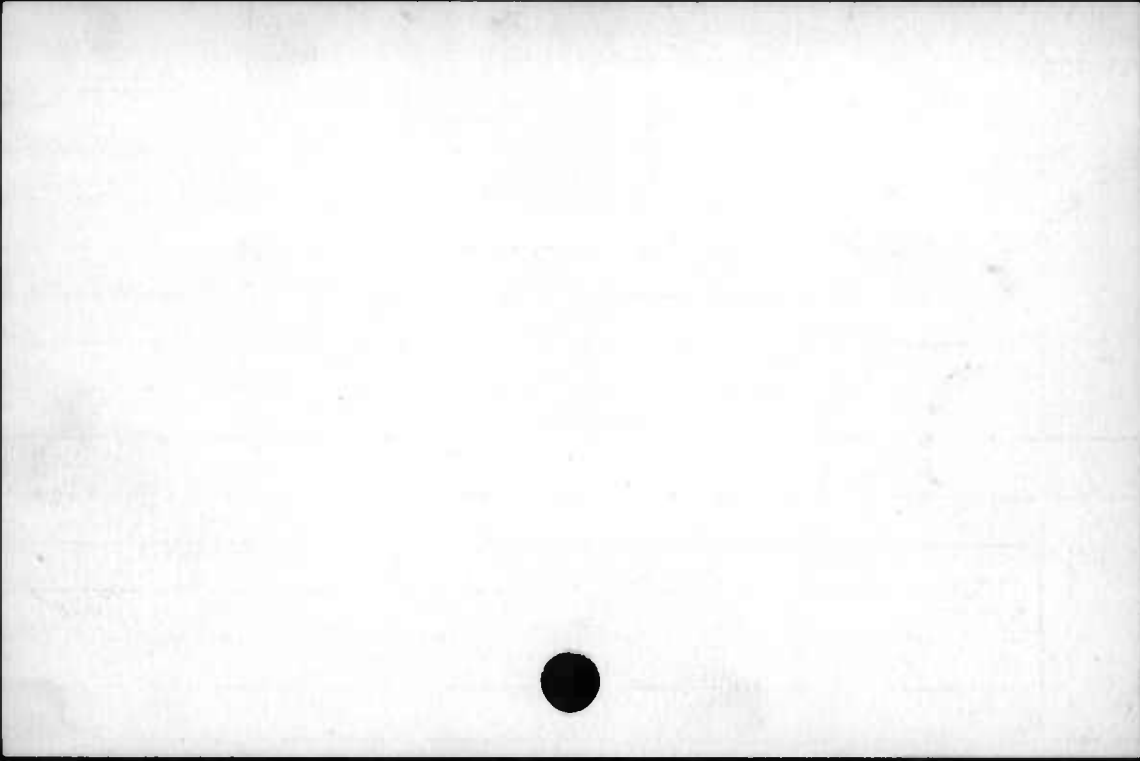
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>12</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	<i>40</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>15</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Occupation <i>Clerk</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jennie M. Cummings</i>				
Father's Name <i>David M. Cummings</i>	Father's Birthplace <i>Pa</i>				
Mother's Maiden Name <i>Susan A. Harbeckus</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving information <i>Frank E. Cummings</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inborn cancer</i>	How long <i>72</i>
Immediate <i>Exhaustive</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. McKean</i>
	Address
Accident or Suicide?	





Name  
In  
Full

Michael L. Cunningham

## CERTIFICATE OF DEATH

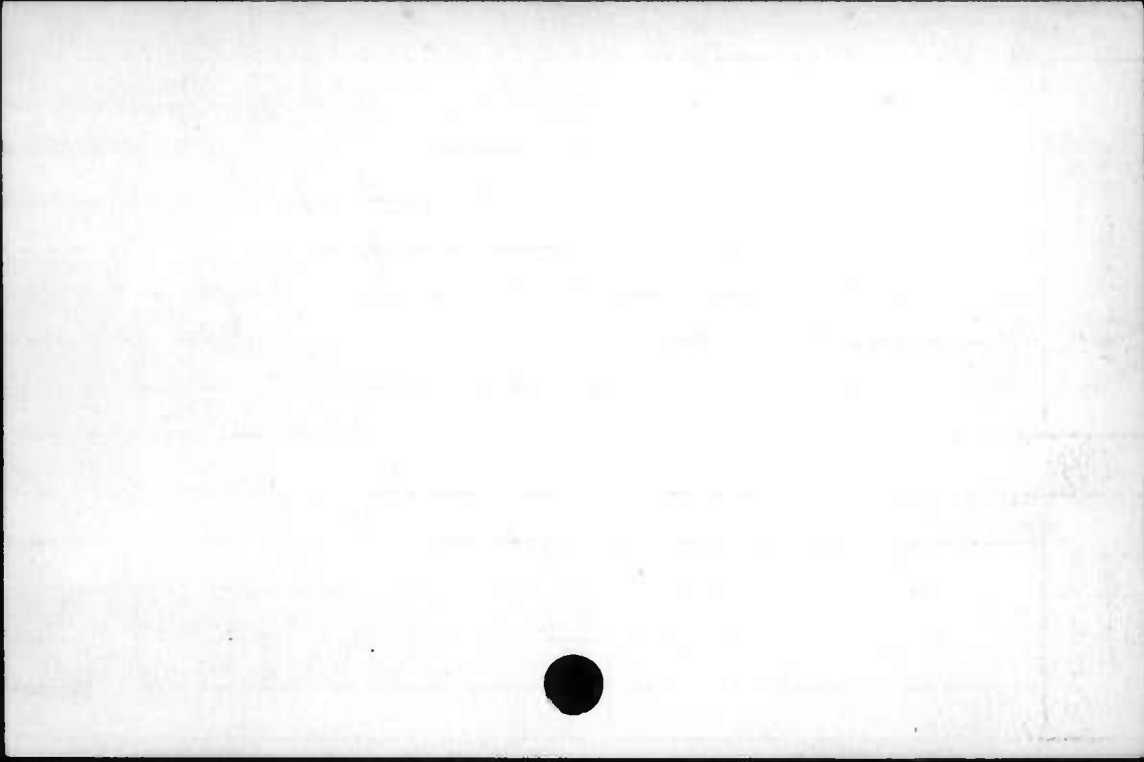
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County	
Date of death <i>1906</i>		Month <i>12</i>		Day <i>24</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>—</i> Days <i>—</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen</i>		<i>Picture</i>			
Father's Name <i>not known</i>		Father's Birthplace <i>✓</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>✓</i>					
Name of person giving information <i>Ellen Borne</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stenosis of Brain</i>	How long	<i>65</i>
Immediate		How long	<i>5 or 6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. Zimmerman</i>	
		Address <i>Hagerstown</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John D. Haven</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MAYLAND							
Died at <i>Hagerstown</i>		Date of death 190 <i>6</i>		Month <i>12</i>		Day <i>19</i>		Age Years <i>71</i>		Months <i>6</i>		Days <i>25</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Va</i>									
Occupation <i>Shoemaker</i>				Where Residing if not at place of death									
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma C. Brannon</i>											
Father's Name <i>Geo. De Haven</i>		Father's Birthplace <i>Va</i>											
Mother's Maiden Name <i>Sarah Littlejohn</i>		Mother's Birthplace											
Name of person giving information <i>Emma C. De Haven</i>		How related to deceased											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>	
Immediate <i>Exhaustion</i>	How long <i>Over 100</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hager</i>	Address <i>Hagerstown Md.</i>
Accident or Suicide?		

Watkins

Name  
in  
Full

12/26/1906  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Gertha Foutz* Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown*

Date of death 1906 Month *12* Day *24* Age *77* Years Months *7* Days *9*

Sex *female* Color or Race *white* Birth-place *Va.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *married* Name of ~~Wife~~ Husband *Clarence Foutz*

Father's Name *Jack Douglas* Father's Birthplace *Va.*

Mother's Maiden Name *Guthrie Leffer* Mother's Birthplace *Mo.*

Name of person giving information *Bettie Holt* How related to deceased *sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Bichloride Mercury Poison* How long *7 1/2 days*

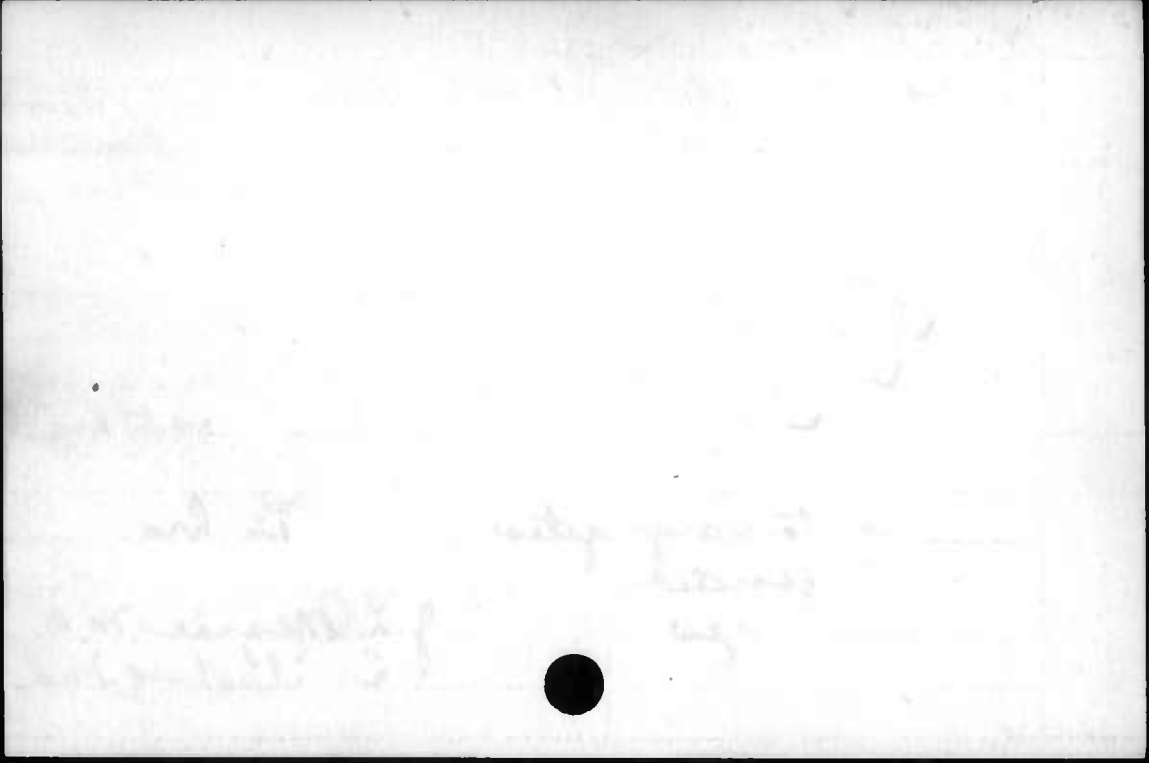
Immediate *Exhaustion* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

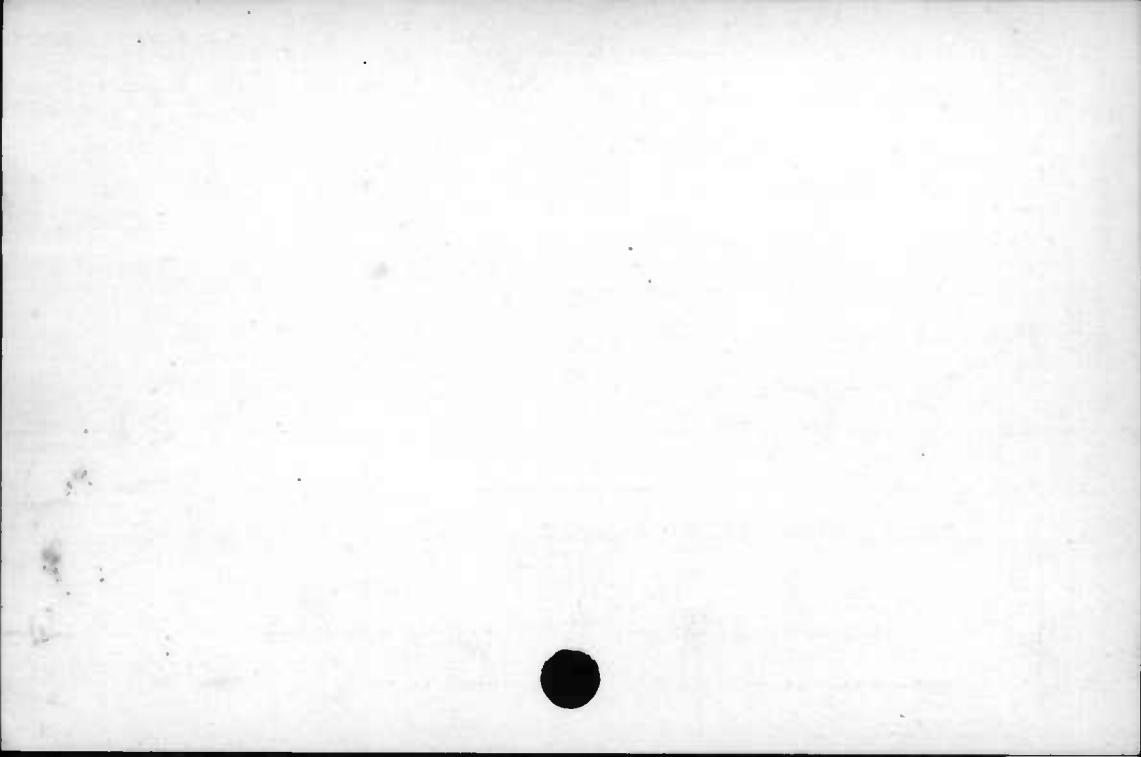
Signature of Physician *Ed. W. Warrum*

Address *Hagerstown Md*

Accident or Suicide? *Suicidal*



Name in Full		David Cloyd Frye				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Caretown		Washington		MARYLAND		
		Date of death		1906	Month	Dec.	Day	8 <sup>th</sup>
		Age		Years		Months	Six	
		Days		Twenty five				
Sex		Male		Color or Race		White		
Birth-place		Caretown		Occupation		Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Chas. C. Frye				Father's Birthplace		
Mother's Maiden Name		Annie Maria Newcomer				Mother's Birthplace		
Name of person giving information		Chas. C. Frye				How related to deceased		
						Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Acute Laryngitis				12 hrs.		
		Immediate				How long		
		Suffocation						
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. L. Massie, M.D.		
				Address		Smithsburg, Md.		
Accident or Suicide?								





Name  
in  
Full

Harvey G. Good

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>11</i>	Age <i>59</i>	Years	Months <i>4</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>				
Occupation <i>Wagon maker</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or <del>Husband</del> <i>Mrs Mary E Good</i>					
Father's Name <i>William H. Good</i>		Father's Birthplace <i>md.</i>					
Mother's Maiden Name <i>Ann Rebecca Shank</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mary E Good</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long
Immediate <i>Uraemic Poisoning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A.P. Stauffer</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>No</i>	<i>md.</i>

Suter

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>28</i>	Age <i>52</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>MD</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lynnie Grant</i>				
Father's Name <i>David Grant</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Saul Knou</i>	Mother's Birthplace <i>D.C.</i>				
Name of person giving information <i>Albert Reed</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>When I saw him he was dying</i>	How long
Immediate <i>of some form of heart disease I think</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.B. Thomson</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>No</i>	

Bakersville

Name  
in  
Full

Mrs. Sallie Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Hagerstown		Wash.		Maryland			
Date of death	1906	Month	12	Day	16	Age	
Sex	Female	Color or Race	White	Birth-place	Ind.	Months	Days
Occupation	N. W.	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Husband		Charles Hobbs			
Father's Name	Jes. Beersling	Father's Birthplace		Ind.			
Mother's Maiden Name	Freigley	Mother's Birthplace		"			
Name of person giving information	Chas. Hobbs	How related to deceased		Husband.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer	How long	45
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Mary G. Laughlin	
Address		Hagerstown Ind.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Hoffmaster</i>		Town <i>Lebanon</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Lebanon</i>		Month <i>12</i>		Day <i>16</i>		Years <i>78</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>House Work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Franklin Hoffmaster</i>					
Father's Name <i>Abraham Cable</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Nancy Cth</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs. John Leatherman</i>		How related to deceased <i>Ind</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Pneumonia - (Lobar)</i>	How long	<i>2 weeks</i>
	Immediate	<i>Exhaustion</i>	How long	<i>Exhaustion</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
	Signature of Physician <i>D. C. R. Miller -</i>		Address <i>Mason - Dixon Pa.</i>	
Accident or Suicide?		<i>No -</i>		

Shirleybury



Name  
in  
Full

Martin Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Wash County  
 Date of death 1906 Month 12 Day 5 Age 40 Years Months 1 Days —  
 Sex male Color or Race colored Birth-place Ind.  
 Occupation Laborer Where Residing if not at place of death —  
 Married, Single or Widowed single Name of Wife or Husband —  
 Father's Name Bartley Holmes Father's Birthplace —  
 Mother's Maiden Name Not Known Mother's Birthplace —  
 Name of person giving information Kate Sheaks How related to deceased none

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia (Lobar) 93 How long 2 days

Immediate Cardiac Failure 93 How long sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

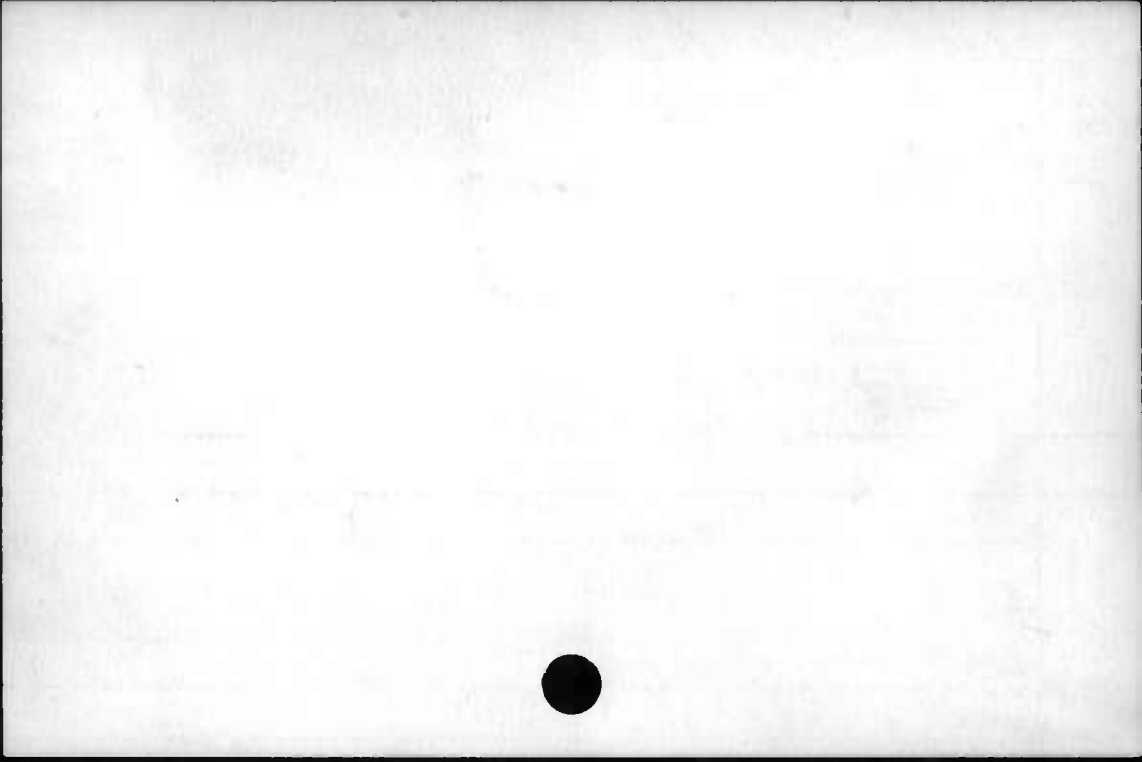
Address

D. M. Wagonman

Hagerstown, Ind.

Accident or Suicide?

No.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John A. Humelsine* Town *Hagerstown* County *Wash.* MARYLAND

Died at *Hagerstown*

Date of death 190*6* Month *12* Day *14* Age *39* Years Months *9* Days *22*

Sex *male* Color or Race *white* Birthplace *Penn.*

Occupation *Day Laborer* Where Residing if not at place of death *+ +*

Married, Single or Widowed *married* Name of Wife *Mrs. Lillie Humelsine*

Father's Name *Manavis Humelsine* Father's Birthplace *Penn.*

Mother's Maiden Name *Mary Simmers* Mother's Birthplace *"*

Name of person giving information *Manavis Humelsine* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *1 yr.*

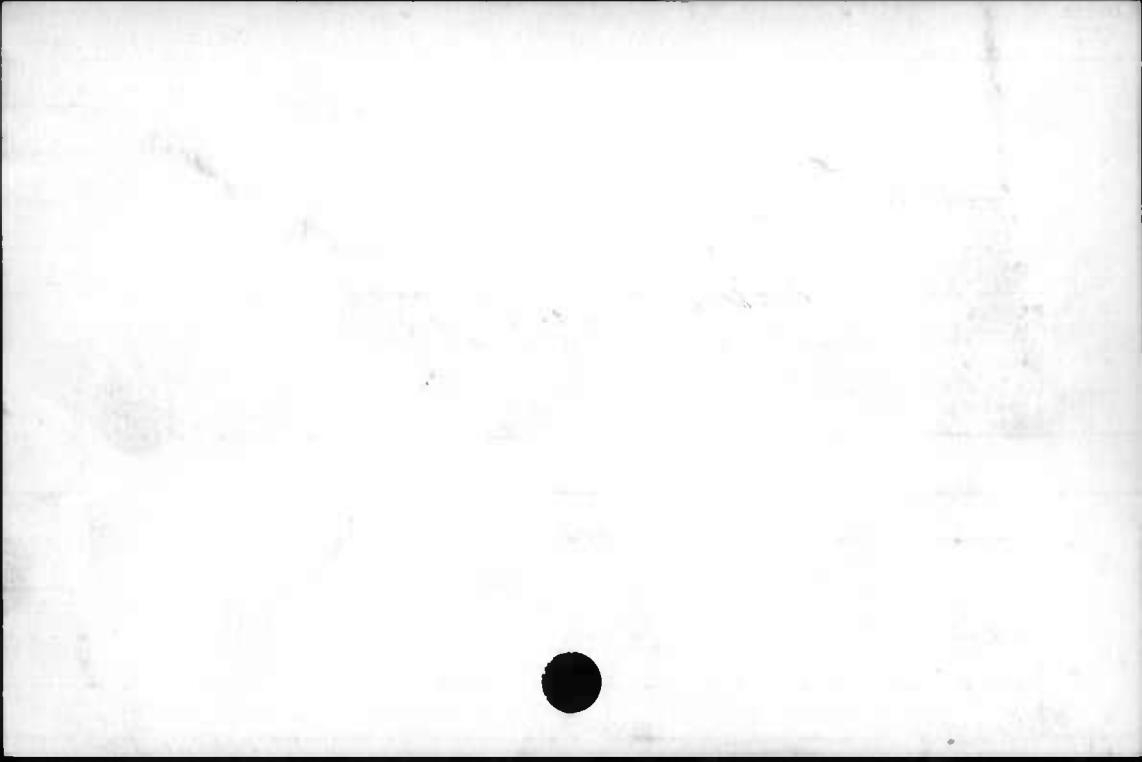
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *O. H. W. Rogan*

Address *Hagerstown Md.*

Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

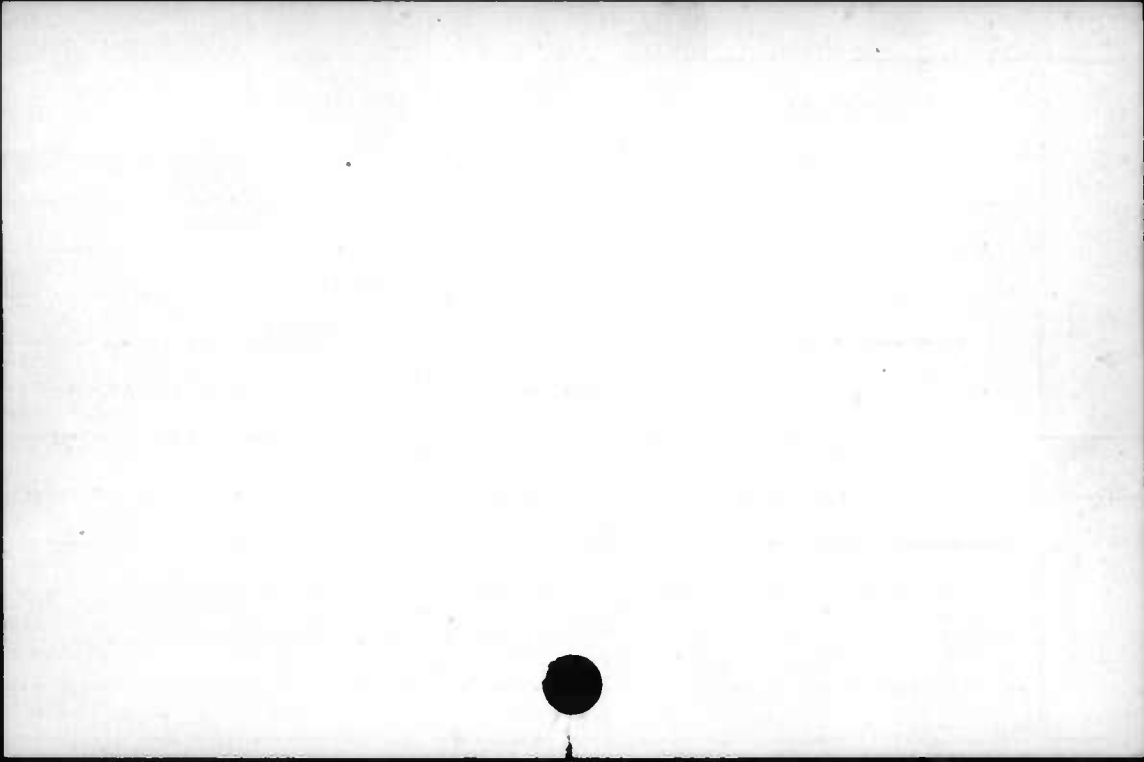
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Nannie Irene King</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>26</i>		Years <i>5</i>	
Date of death <i>1906</i>		Months <i>4</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Child</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George King</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Louisa Springer</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>George King</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Stasis Mucosa</i>	How long <i>10 days</i>
Immediate <i>Terminal Pneumonia</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Dugan</i>
	Address <i>Hagerstown, MD</i>
Accident or Suicide? <i>No</i>	



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec	21	69	1	9	
Sex	Male		Color or Race	White		Birth-place	Washington Co
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
John H. Lynch							
Father's Name	Jacob Gross					Father's Birthplace	Washington Co
Mother's Maiden Name	Ellen Meach					Mother's Birthplace	Germany
Name of person giving information	Dora Myers					How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Rheumatic Arthritis	How long	27 years
Immediate	Hypostatic Pneumonia	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. C. Wheeler	
		Address	
		Beonsboro	
		Washington Co	
Accident or Suicide?			





Name  
in  
Full

Howard Lynn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND			
Date of death	<i>1906</i>	Month <i>12</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Aswell</i>			<i>Lynn</i>		Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Anna</i>			<i>Kenner</i>		Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Aswell</i>			<i>Lynn</i>		How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Immature birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Monahan</i>
	Address <i>Hagerstown MD</i>
Accident or Suicide? <i>No</i>	

Watkins

30

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					

Harry E. M. Mangano  
 Hagerstown Washington  
 Dec. 21 1907  
 Male White 4  
 none  
 Single  
 Samuel Mangano  
 Maggie E. Gilland  
 Samuel Mangano  
 Father's Birthplace: Frankston  
 Mother's Birthplace: Maryland  
 How related to deceased: Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Nasal, Pharyngeal and Laryngeal Diphtheria	4 days
Immediate	How long
Toxaemia	9
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Mary A. Laughlin M.D.
	Address
Accident or Suicide?	

4. met.

Name  
in  
Full

Mary Marsh.

## CERTIFICATE OF DEATH

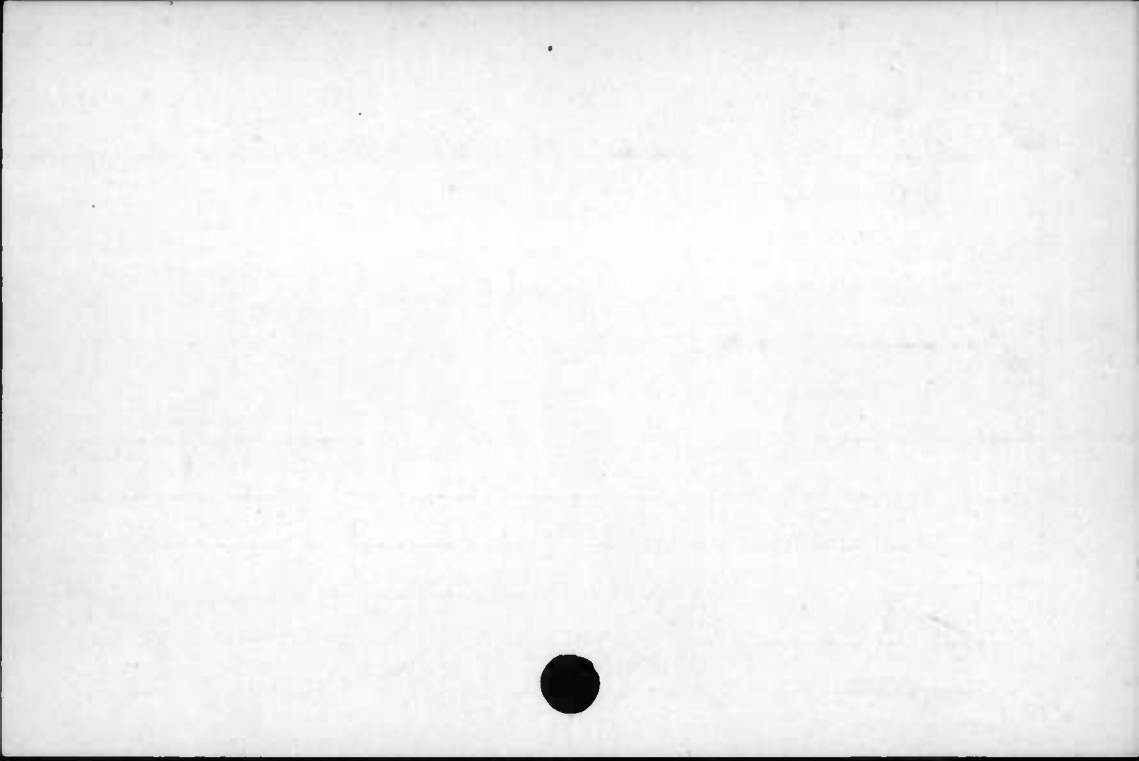
TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near		Town Hancock		County Washington		MARYLAND	
Date of death 1906		Month Dec		Day 16		Age 60	
Sex Female		Color or Race Colored		Birth-place West Va.			
Occupation House wife.		Where Residing if not at place of death		Died at Home.			
Married, Single or Widowed Married		Name of Wife or Husband Ceph Marsh.					
Father's Name Mr. Lee.		Father's Birthplace West Va.					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information H. B. Searolt		How related to deceased		None.			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	27
Immediate		How long	1 year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. E. Slegers	
		Address Hancock, Md.	
Accident or Suicide?			



Name  
in  
Full

Mary Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Brownsville <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> 12 <sup>Day</sup> 24 <sup>Age</sup> 2 <sup>Years</sup> 11 <sup>Months</sup> 4 <sup>Days</sup>

Sex Female Color or Race White Birth-place Md

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

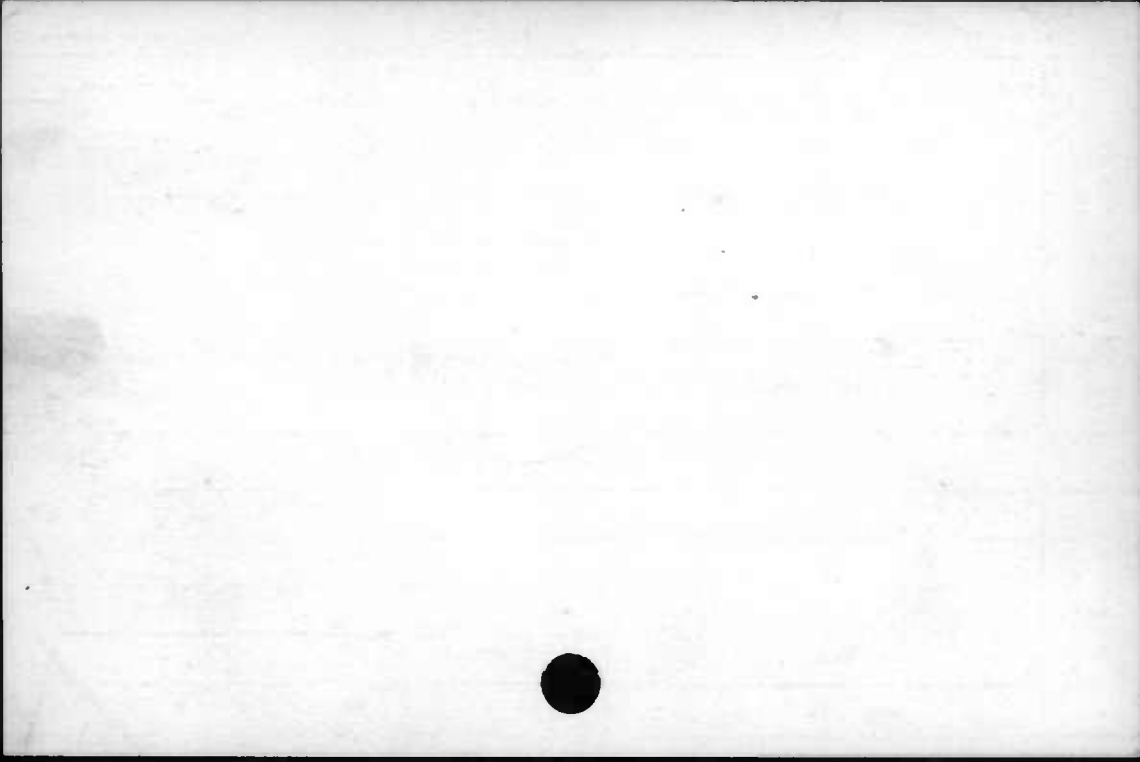
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
In  
Full

Rebecca Leona Mangans.

## CERTIFICATE OF DEATH

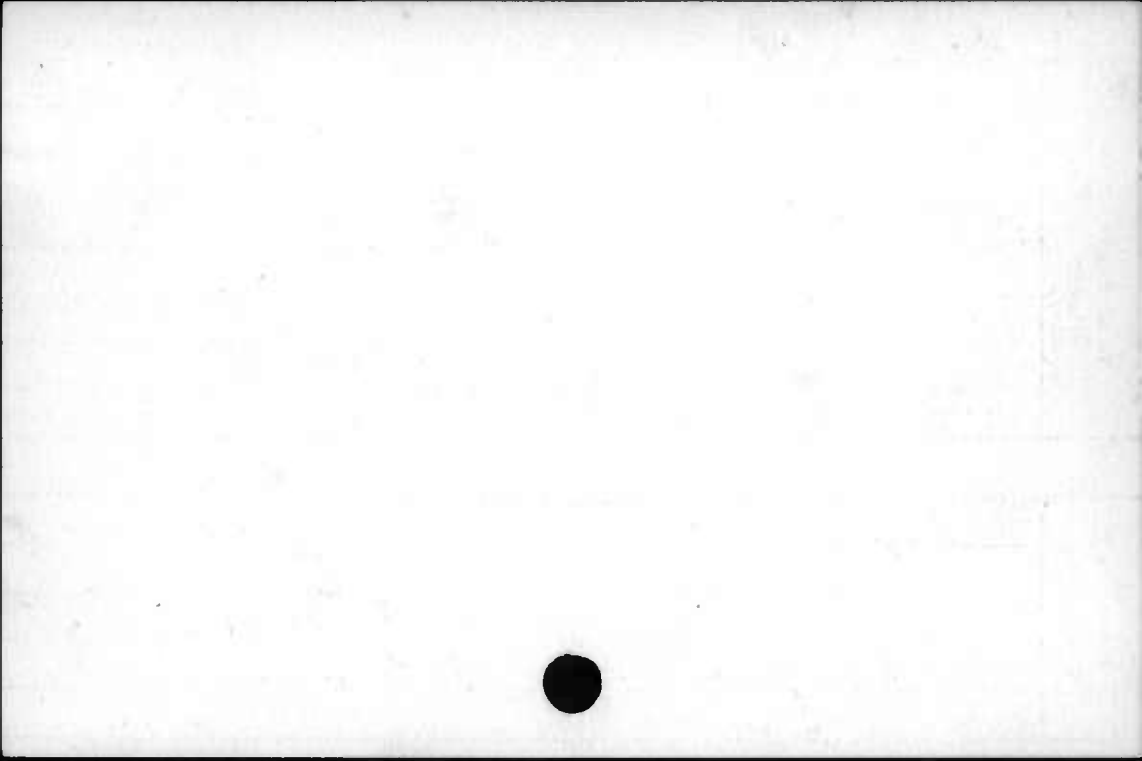
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Funkstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>12</i>	Day <i>27</i>	Age <i>17</i>	Months <i>9</i>	Days <i>16</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Funkstown</i>	
Occupation <i>worked in Factory</i>		Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>William Mangans</i>		Father's Birthplace <i>Frederick Co</i>			
Mother's Maiden Name <i>Margaret A Harbaugh</i>		Mother's Birthplace <i>Frederick Co</i>			
Name of person giving information <i>Margaret Mangans</i>		How related to deceased <i>Mother</i>			

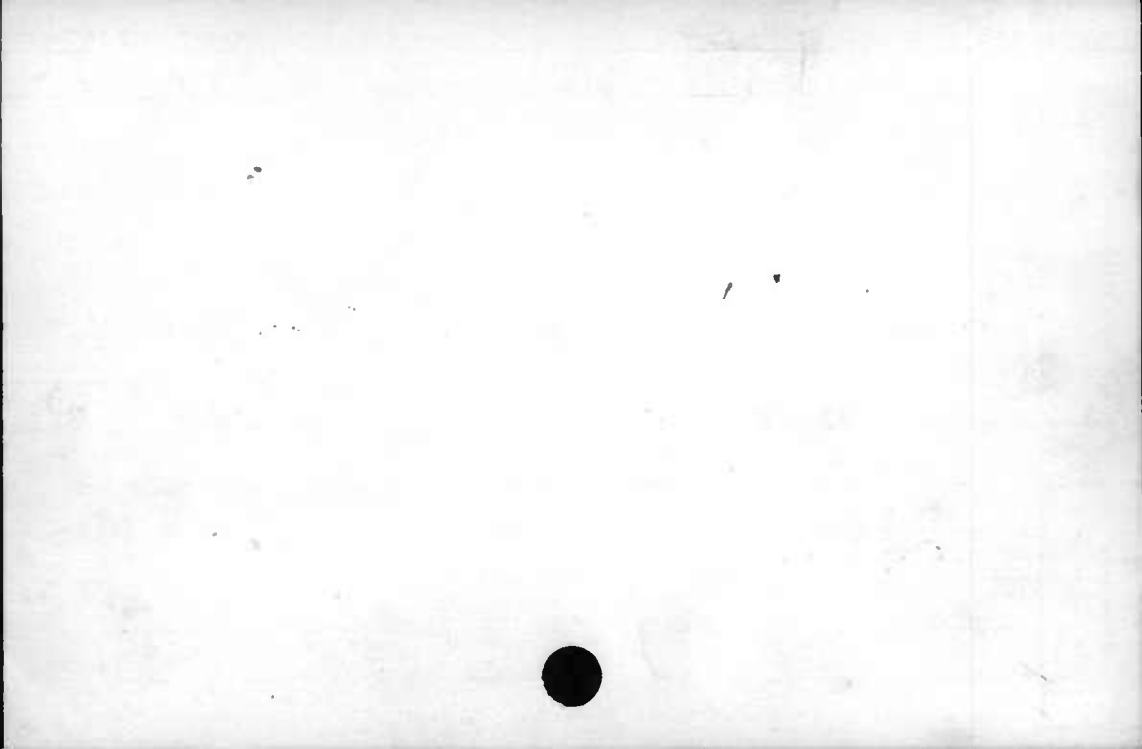
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. J. Weir</i>
<i>Yes</i>	Address <i>Funkstown</i>
Accident or Suicide? <i>No</i>	<i>led</i>



Name in Full		Frank Merriman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Sandy Hook</u>		Town <u>Washington</u>		County <u>Washington</u>		STATE <u>MARYLAND</u>
	Date of death <u>1906</u>	Month <u>8-6</u>	Day <u>7/8</u>	Age <u>57</u>	Years <u>57</u>	Months <u>2</u>	Days <u>24</u>
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place		
	Occupation <u>Machinist</u>		Where Residing if not at place of death <u>Sandy Hook</u>				
	Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Frank Merriman</u>					
	Father's Name <u>W. Merriman</u>		Father's Birthplace <u>Thosville</u>				
	Mother's Maiden Name <u>Heelyn Borth</u>		Mother's Birthplace <u>Songdon Co Va</u>				
	Name of person giving information <u>John Merriman</u>		How related to deceased <u>Son</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate <u>Lobar pneumonia</u>				How long <u>10 days</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. M. Phillips</u>				
			Address <u>Harpis Ferry</u>				
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

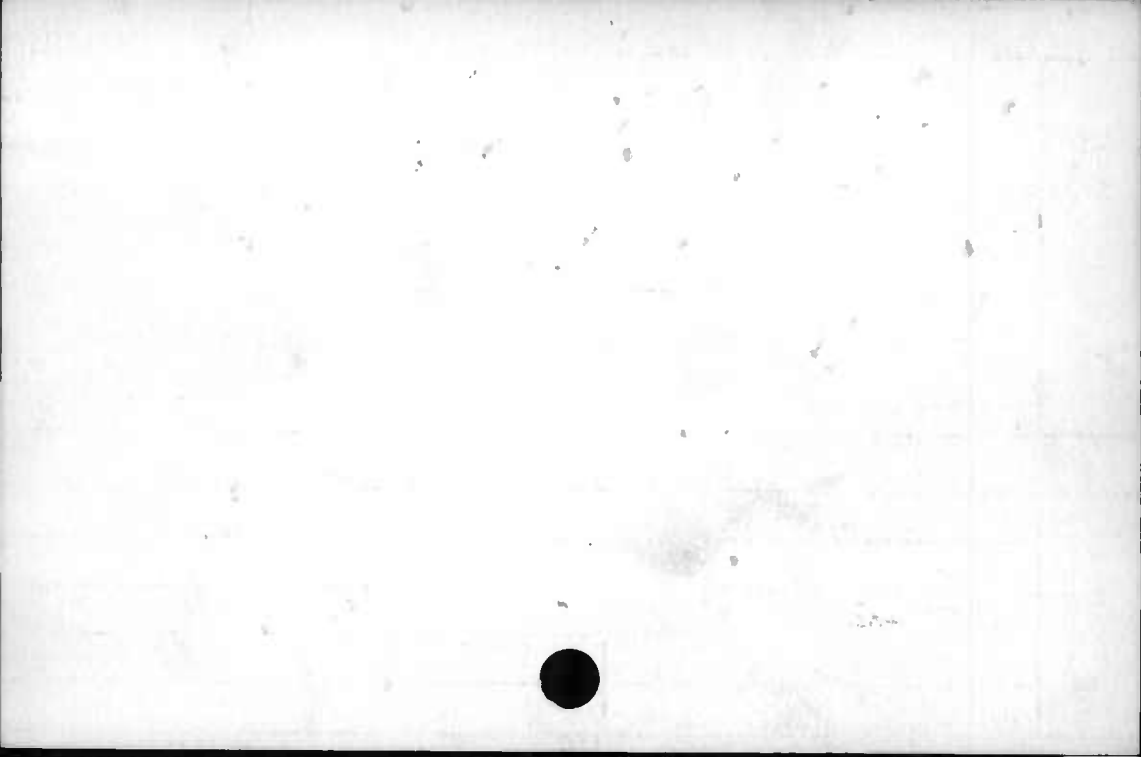
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George Miller</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>12</i>		Day <i>19</i>		Years <i>80</i>	
Date of death <i>1906</i>		Age <i>80</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>Mason</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Harriett Miller</i>					
Father's Name <i>Joseph Miller</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Deut. Known</i>		Mother's Birthplace <i>Deut. Known</i>					
Name of person giving information <i>Harriett Miller</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Atrio Ventricular &amp; Coronary Arteriosclerosis</i>	How long <i>4 mos.</i>
Immediate <i>Cardiac Failure</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. A. [unclear]</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Samuel David Minor

Town

County

Died at Leitersburg Washington

MARYLAND

Date 1906	Month 12	Day 23	Age 6	Y. M. D. 23	Native of Wash Co.	Occupation none
Male	White	Married	Widow	<del>Divorced</del>		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

one day

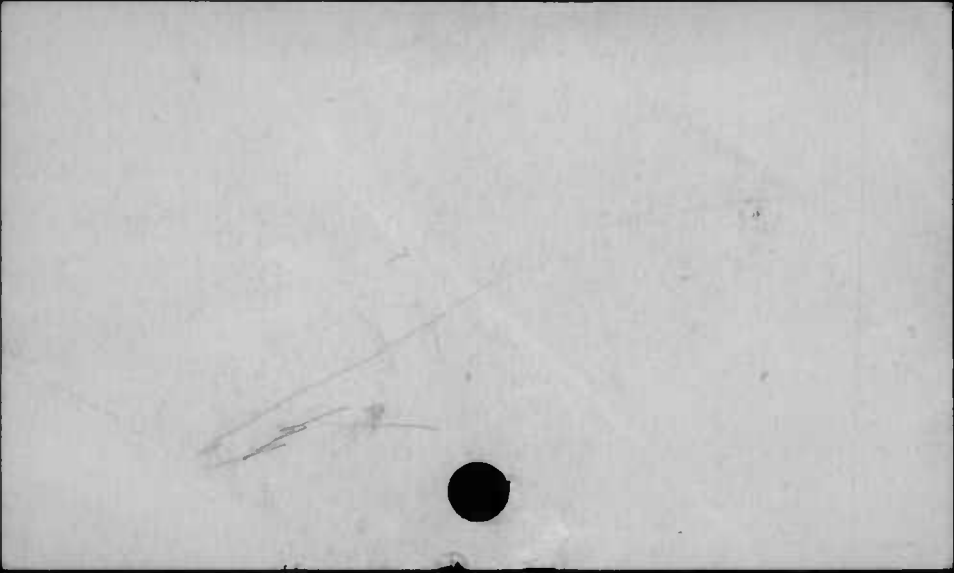
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008





Name  
in  
Full

Lodwin Moore

## CERTIFICATE OF DEATH

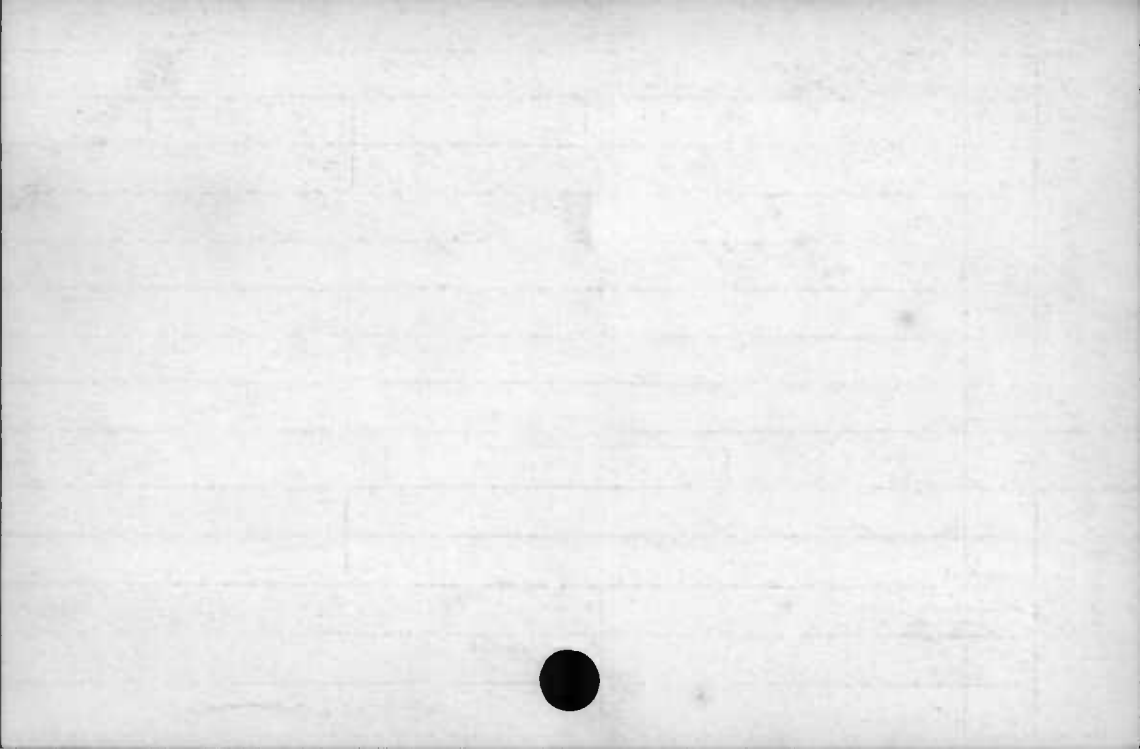
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Williamsport</i> <sup>Town</sup>		<i>Harrison</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>12</i>	Day <i>18</i>	Age <i>55</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Labourer</i>				
Name of Wife or Husband <i>Martha Johnson</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Dora J. Turner</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart trouble</i>	How long <i>9</i> <sup>Years</sup>
Immediate <i>Dropsy</i>	How long <i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. M. Webb</i>
	Address <i>Harrisonport</i>
	<i>md</i>
Accident or Suicide?	



Name  
in  
Full

Mrs Annie M. Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1906	Month	12	Day	4
Age	72	Years	9	Months	3
Sex	female	Color or Race	white	Birth-place	W. Va
Occupation	H. W.		Where Residing If not at place of death		
Married, Single or Widowed	married	Name of Husband	Calvin J. Munson		
Father's Name	Cookus		Father's Birthplace	W. Va.	
Mother's Maiden Name	Sallie		Mother's Birthplace	" "	
Name of person giving information	C. J. Munson		How related to deceased	husband	

## CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

Exhausted

How long

Are the name, age, sex, color, date and place correctly given above?

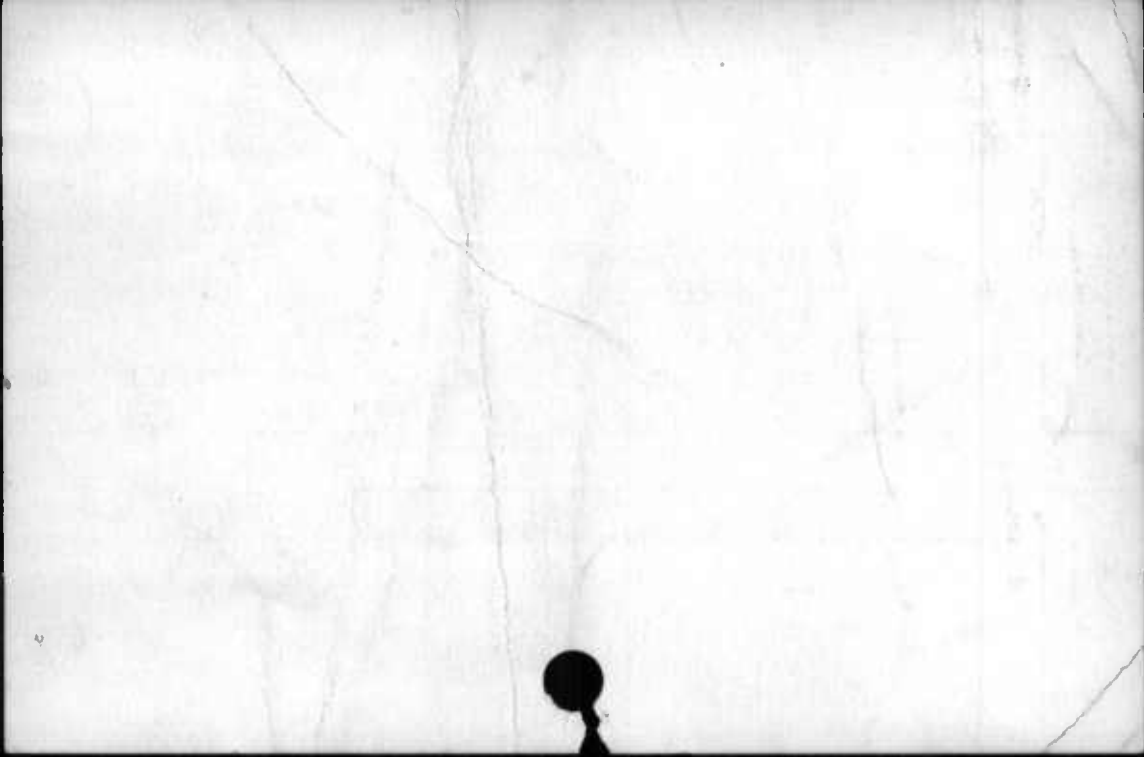
Yes

Signature of Physician

Address

J. M. Scott  
HagerstownPHYSICIAN  
OR CORONER

Accident or Suicide



Name  
In  
Full

Mrs. Rebecca Munson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Reptown* Town*Workingtown* County

MARYLAND

Date  
of death *1906*Month  
*12*Day  
*19*Age  
*80* YearsMonths  
*-*Days  
*-*Sex  
*Female*Color or  
Race  
*White*Birth-  
place  
*MD*Occupation  
*Housework*Where Residing if not  
at place of deathMarried, Single  
or Widowed  
*Widow*Name of Wife or  
HusbandFather's  
Name  
*Daniel Smith*Father's  
Birthplace  
*Germany*Mother's  
Maiden Name  
*Not Known*Mother's  
Birthplace  
*Not Known*Name of person giving  
in formation  
*H. Clay Munson*How related  
to deceased  
*Son*

## CAUSES OF DEATH

Primary

*Acute Indigestion*

How long

Immediate

*Old age*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*L. M. Timmerman*  
*Hagerstown* *MD*

Accident or Suicide?

Great Cacapon N Va

# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hydrinstown</u>		County <u>Washington</u>		MARYLAND	
Date of death	1906	Month <u>Dec</u>	Day <u>14</u>	Age <u>yr</u>	Months <u>nr</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>MD</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		

Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband
-------------------------------	---------------	----------------------------

Father's Name *Kolau Meyer*

Father's Birthplace *La*

Mother's Maiden Name *Julee Short*

Mother's Birthplace *USA*

Name of person giving information *Roland M. Kato*

How related to deceased	Faster
Spouse	80%
Child	70%
Sibling	60%
Parent	50%
Nephew or niece	40%
Grandchild	30%
Uncle or aunt	20%
Cousin	10%
Other	0%

### CAUSES OF DEATH

Primary *Signature Birth*

How long

Immediate

2 Auctioneers

How long

Shay 2

Are the name, age, sex, color, date  
and place correctly given above?

Hs

Signature of Physician

Address

Durham  
Haverstock, red

### Accident or Suicide?

No.

Shepherdstone



Name  
in  
Full

## CERTIFICATE OF DEATH

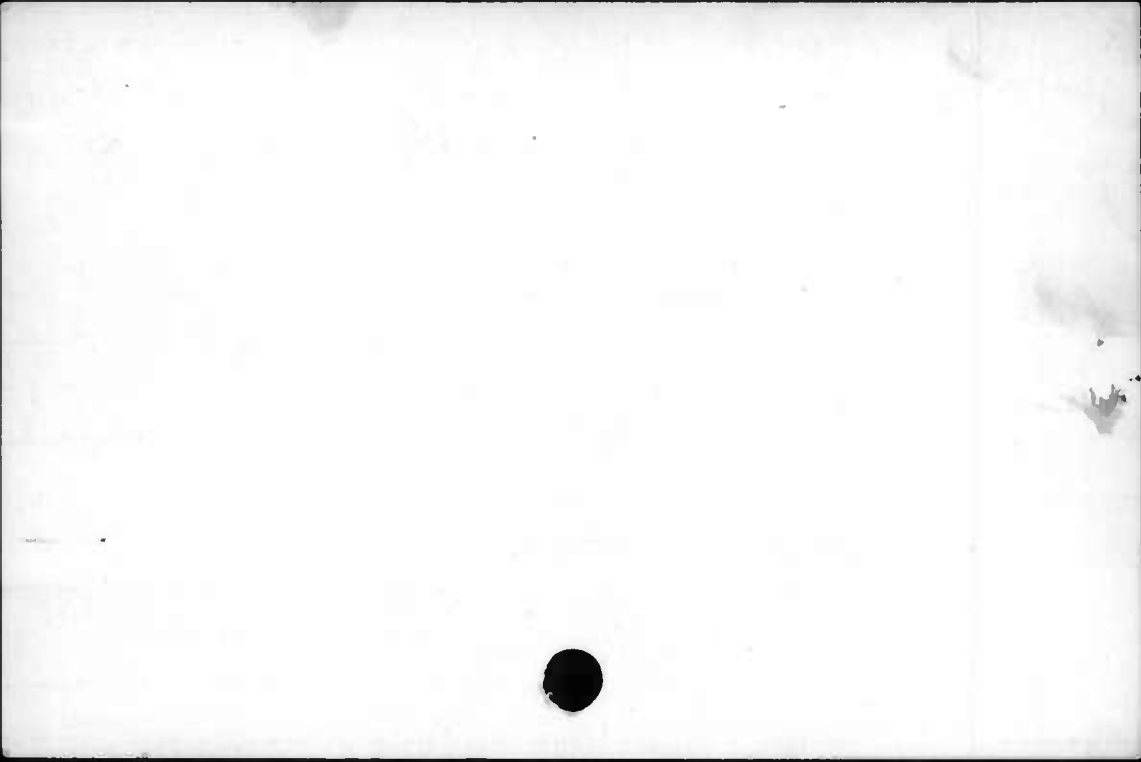
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		1906	Month	12	Day	21	Years
Sex		Female		Color or Race		White	
Occupation		House Wife		Where Residing if not at place of death		Sharpsburg	
Married, Single or Widowed		Married		Name of Wife or Husband		Henry C Myers	
Father's Name		John Hinas		Father's Birthplace		Sharpsburg	
Mother's Maiden Name		Dont know		Mother's Birthplace		Dont know	
Name of person giving information		Lucinda H Gift		How related to deceased		Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Vascular Heart Disease		How long	79 Years
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			G. M. Gurnett, Sharpsburg, Md.	
Accident or Suicide?				



Name  
in  
Full

Jacob L. Myers

## CERTIFICATE OF DEATH

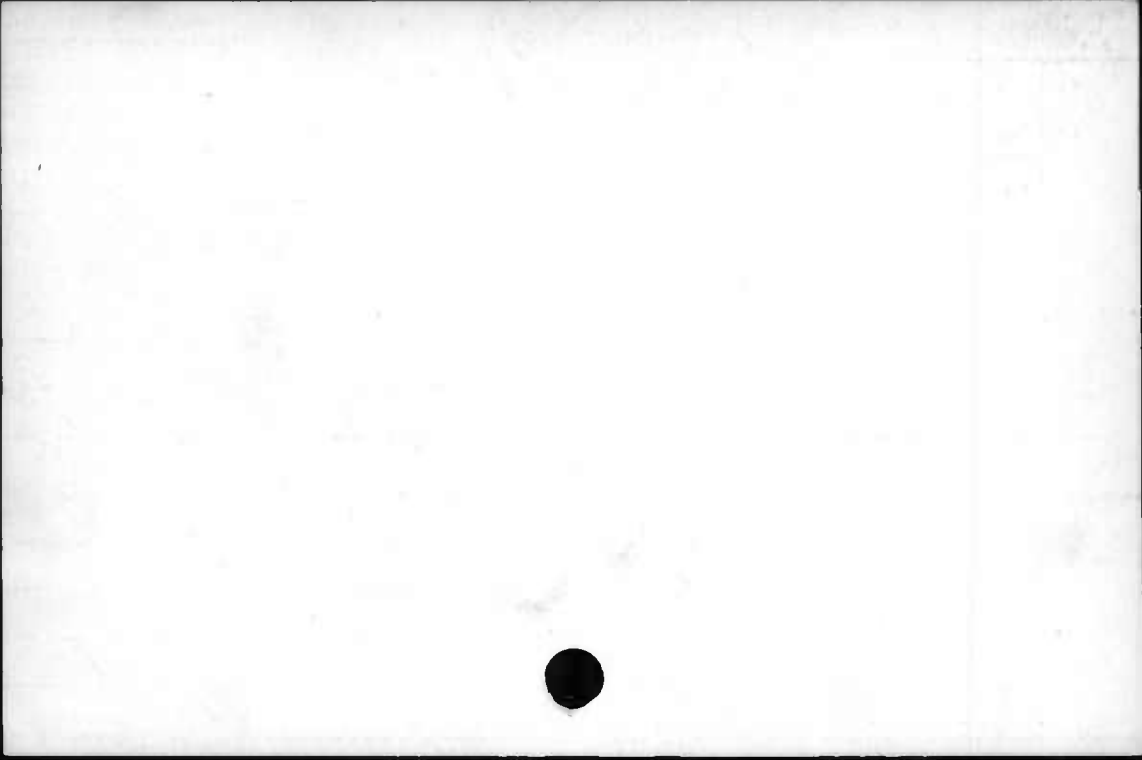
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Keedysville		County Wash		MARYLAND	
Date of death	1906	Month Dec	Day 21	Age 52	Years	Months 4	Days 26
Sex	Male		Color or Race	White		Birth- place	Smithtown
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed			Married		Name of Wife or Husband		
			Anna Rieder				
Father's Name	Jno. H. Myers					Father's Birthplace	Wash, Co
Mother's Maiden Name	Melinda Snyder					Mother's Birthplace	" "
Name of person giving Information	E. H. Myers					How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Head Throat		How long	11 mos.
Immediate	Asphyxia		How long	Imm med.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. S. Davis	
		Address	Boonsboro	
Accident or Suicide?				



Name  
in  
Full

Frank Russell Reno

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Washington <sup>County</sup> **MARYLAND**

Date of death 1906 <sup>Month</sup> 12 <sup>Day</sup> 17 <sup>Years</sup> 14 <sup>Months</sup> 7 <sup>Days</sup> 2

Sex Male Color or Race White Birth-place Md

Occupation Student Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Robert Bruce Mossey Reno Father's Birthplace Pa

Mother's Maiden Name Laura E. Robinson Mother's Birthplace Ma

Name of person giving information H. B. M. Reno How related to deceased Father

## CAUSES OF DEATH

Primary Suicide (Hanging) 157 How long \_\_\_\_\_

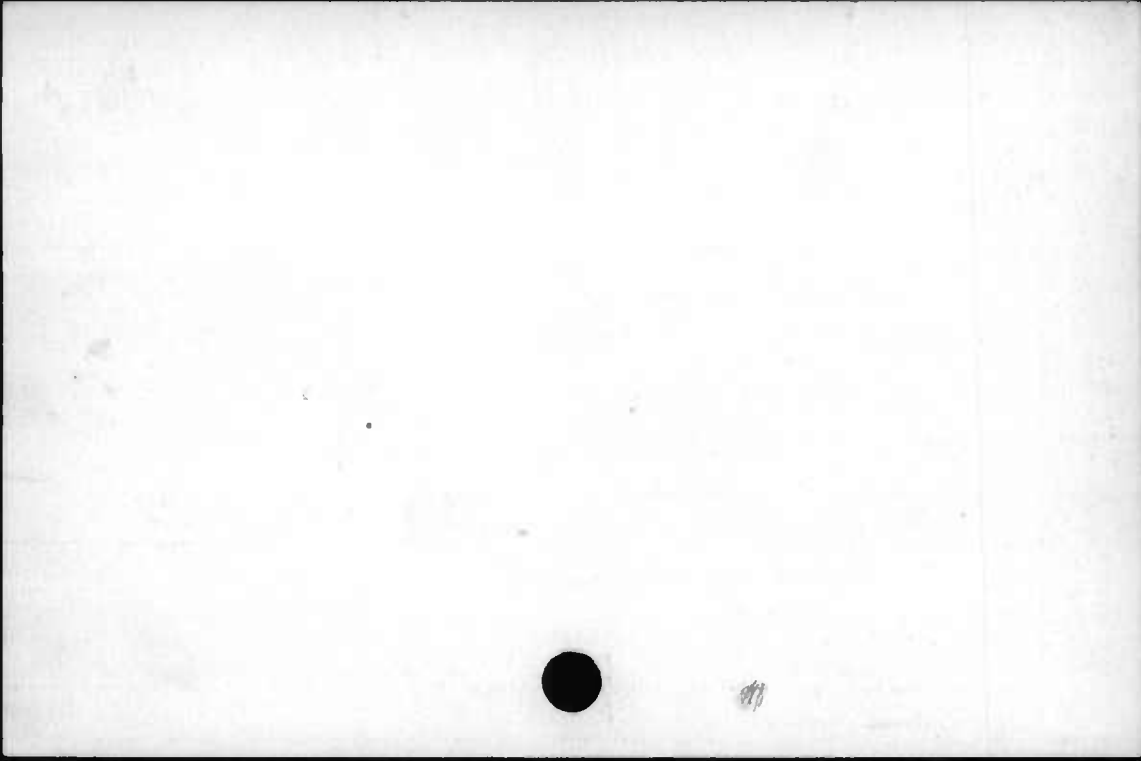
Immediate Strangulation How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Ridenour  
 Died near Hagerstown Town County Wash.  
 Date of death 1906 12 26 Age 59  
 Sex male Color or Race white Birthplace Md.  
 Occupation Laborer Where Residing if not at place of death  
 Married, Single or Widowed widower Name of Wife or Husband Mrs Mary Ridenour  
 Father's Name Samuel Ridenour Father's Birthplace Md.  
 Mother's Maiden Name Mother's Birthplace  
 Name of person giving information Albert Heard How related to deceased none.

## CAUSES OF DEATH

Primary Phthisis Pulmonalis How long 3 yrs.  
 Immediate Epilepsy How long

Are the name, age, sex, color, date and place correctly given above?

yes

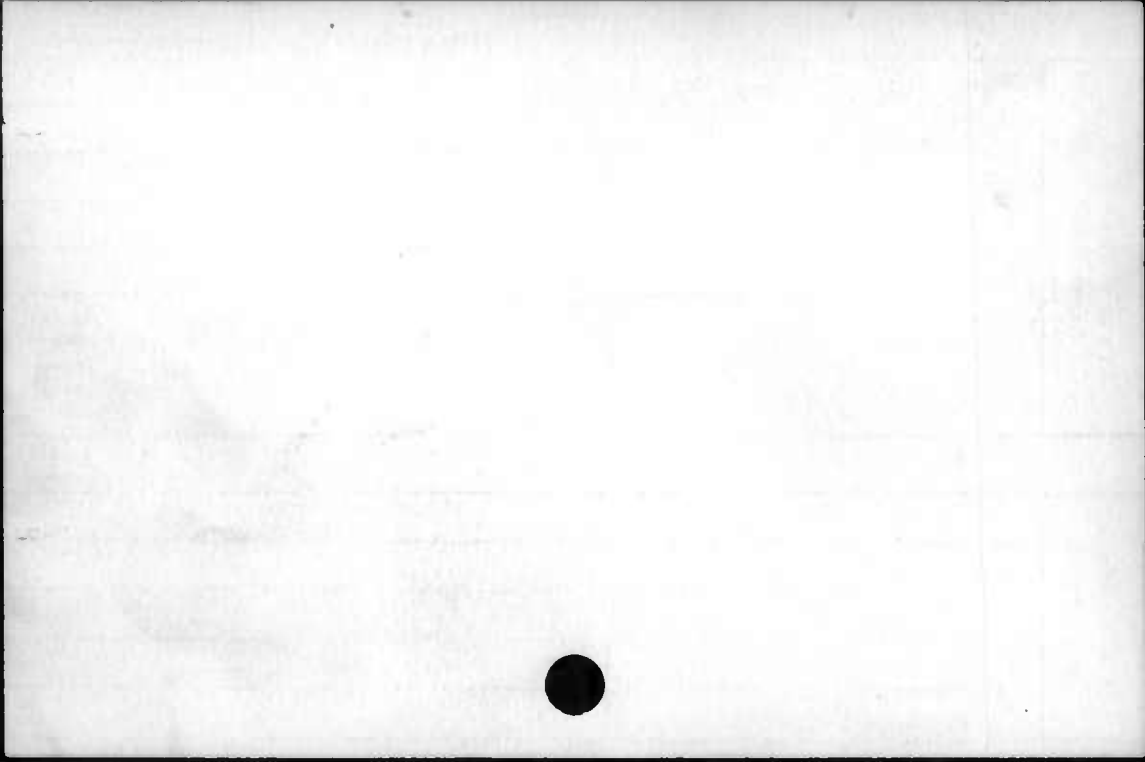
Signature of Physician

W. M. Moseley  
 Address Hagerstown Md.

Accident or Suicide?

no

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

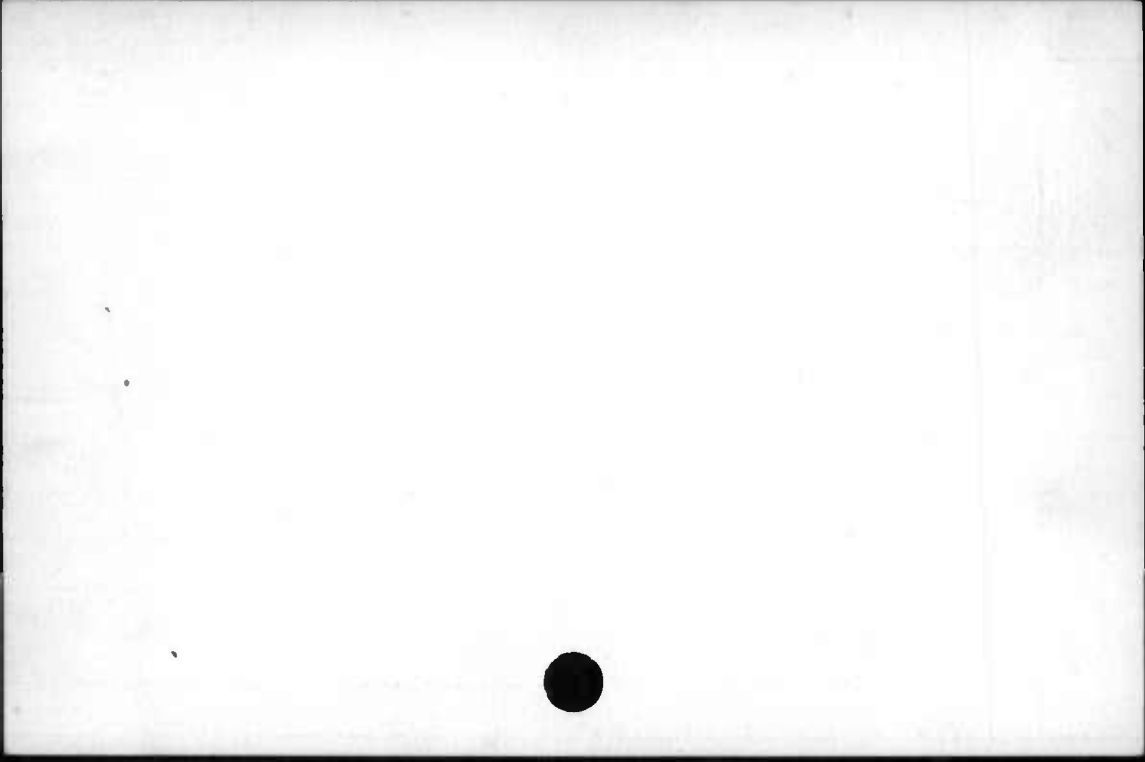
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Wash.</i>		State <i>MARYLAND</i>	
Date of death		Year <i>1906</i>	Month <i>12</i>	Day <i>16</i>	Age Years <i>3</i>	Months <i>3</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Mo.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William J. Ritenour</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Nettie Lauterbach</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>W. J. Ritenour</i>		How related to deceased <i>father.</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>1 week</i>
Immediate <i>Toxemia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. Ritenour</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide? <i>No</i>	



Name  
In  
Full

Martha Jane Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	1906	Month	12	Day	21
Age	79	Years	11	Months	28
Sex	Female	Color or Race	White	Birth-place	New York.
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widow					
Father's Name		<i>Abner Ingraham</i>		Father's Birthplace	
				New York	
Mother's Maiden Name		<i>Amelia Maxwell</i>		Mother's Birthplace	
				New York.	
Name of person giving information		<i>B. Gardner</i>		How related to deceased	
				Son	

## CAUSES OF DEATH

Primary	<i>Mitral Stenosis</i>	How long	<i>for two years</i>
Immediate	<i>Bronchitis Acute</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. E. Pitougle</i>	
		Address	
		<i>Hagerstown Md</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Mich,

Name  
in Full

Still born child of Calvin & Ida Shank

CERTIFICATE OF DEATH

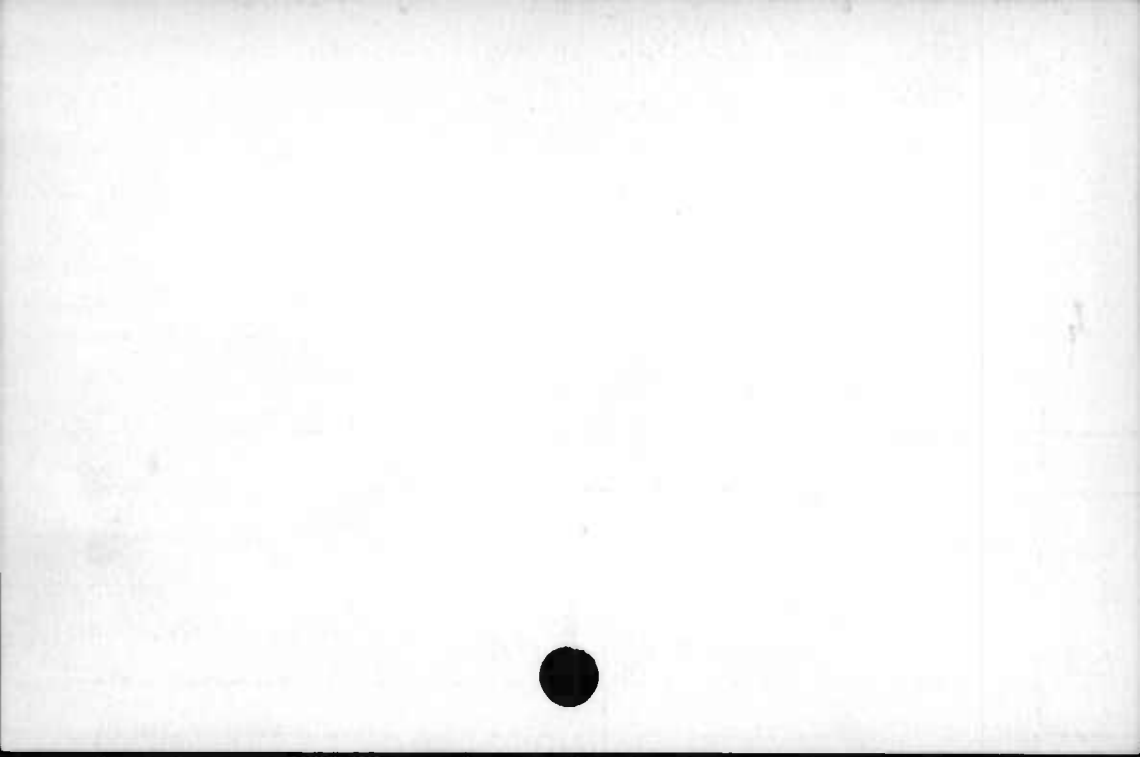
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> near Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1906	Month	12	Day	27
Age		Years		Months	Days
Sex	Color or Race		white		Birth-place
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	single		Name of Wife or Husband		
Father's Name	Calvin Shank		Father's Birthplace		Md.
Mother's Maiden Name	Ida Sheppard		Mother's Birthplace		"
Name of person giving information	Calvin Shank		How related to deceased		father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Died Born		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. P. Stauffer
		Address	
Accident or Suicide?			



Name  
in  
Full

Samuel C. Shives

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Near Hancock <sup>County</sup> Wash.

Date of death 1906 Dec 13 Age 30 Months 0 Days 22

Sex Male Color or Race White Birthplace Md.

Occupation Laborer Where Residing if not at place of death Died at Home.

Married, Single or Widowed Married Name of Wife or Husband

Father's Name Jacob. Shives.

Father's Birthplace Md.

Mother's Maiden Name Mrs Jacob Shives.

Mother's Birthplace Md.

Name of person giving information Carl Dineen

How related to deceased Friend.

## CAUSES OF DEATH

Primary Tuberculosis How long three years

Immediate Hemorrhages How long one week.

Are the name, age, sex, color, date and place correctly given above?

yes

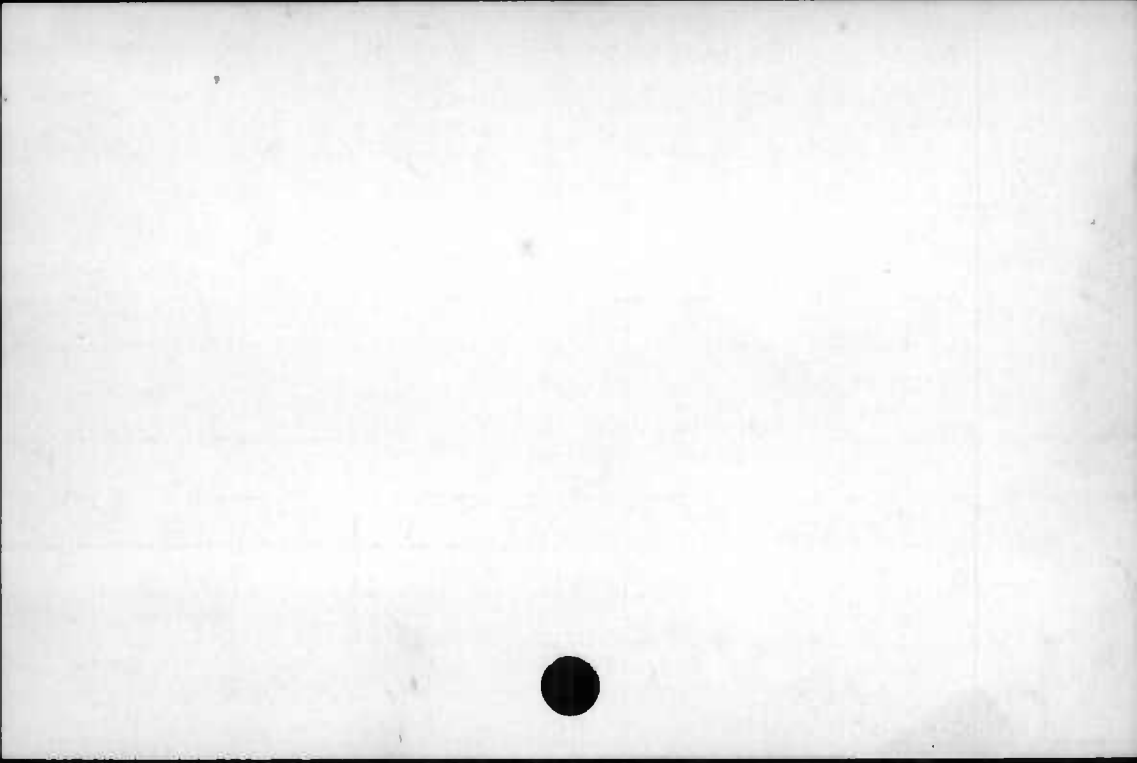
Signature of Physician

Address

H. C. Galter  
Hancock, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name

in Full

Mrs. Annie Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>town</sup> Hagerstown		<sup>County</sup> Washington		MARYLAND	
Date of death	1906	Month	12	Day	29
Age	88	Years		Months	—
Sex	Female	Color or Race	White	Birth-place	Ind
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	James Smith		
Father's Name	Jonas Palmer			Father's Birthplace	Ind
Mother's Maiden Name	Elizabeth Ruttyell			Mother's Birthplace	Ind
Name of person giving information	Mrs James Rutty			How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Arteriosclerosis	How long	3 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. B. M. M. M.
	No	Address	Hagerstown Ind.
Accident or Suicide?	No		

Boonsboro

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Catharine V. Smith</b>		Town <b>Sharpsburg</b>		County <b>Washington</b>		State <b>MARYLAND</b>	
Died at <b>Sharpsburg</b>		Month <b>Dec</b>		Day <b>17</b>		Years <b>59</b>	
Date of death <b>1906</b>		Months <b></b>		Days <b></b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birthplace <b>Greencastle</b>			
Occupation <b></b>				Where Residing if not at place of death <b></b>			
Married, Single or Widowed <b>Widowed</b>		Name of late or Husband <b>John P. Smith</b>					
Father's Name <b>Andrew Snively</b>		Father's Birthplace <b>Greencastle</b>					
Mother's Maiden Name <b>Mary Gurling</b>		Mother's Birthplace <b>"</b>					
Name of person giving information <b>John P. Smith</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Lobar Pneumonia</b>		<b>93</b>		How long <b>About one week</b>	
Immediate <b></b>		<b></b>		How long <b></b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>E. M. Garrett</b>			
		Address <b>Sharpsburg, Md</b>			
Accident or Suicide? <b></b>					

Chas. S. Wade  
undertaker

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Born Infant Snyder		Town Hancock Co		County Washington		MARYLAND	
Died at		Month Dec		Day 23		Years 1906	
Date of death		Month Dec		Day 23		Age Years Months Days	
Sex Male		Color or Race White		Birthplace Hancock Co Md			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Samuel Snyder				Father's Birthplace Millstone Pt Md			
Mother's Maiden Name Chlorie Easton				Mother's Birthplace Hancock Co Md			
Name of person giving information John Easton				How related to deceased Uncle			

## CAUSES OF DEATH

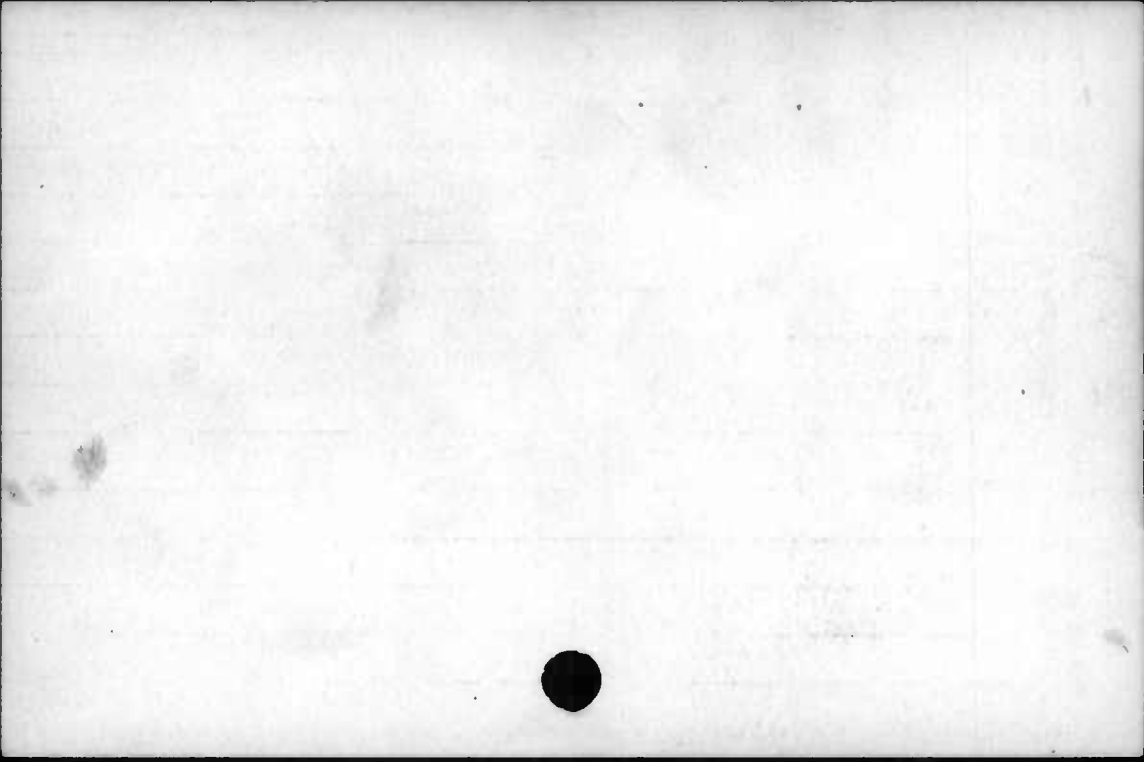
PHYSICIAN  
OR CORONER

Primary Asphyxia Neonatorum (15 <sup>1/2</sup> )		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. Allert	
Accident or Suicide? No		Address Hancock Md	

or chest.

Name in Full		Otto Myers Speidle		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Blairs Valley</i>		Town <i>Washington</i>		County
	Date of death <i>1906 Dec 25</i>		Month <i>Dec</i> Day <i>25</i>		Age <i>25</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Months <i>2</i> Days <i>19</i>
	Occupation		Where Residing if not at place of death		Birth-place <i>Blairs Valley MD</i>
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		
	Father's Name <i>Otto Myers</i>		Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Sarah E. Speidle</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Chas. Speidle</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH	
Primary <i>Inanition</i>	How long <i>10 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. Mason, M.D.</i>
	Address <i>Cleasprings MD.</i>
Accident or Suicide? <i>—</i>	





Name

In Full

## CERTIFICATE OF DEATH

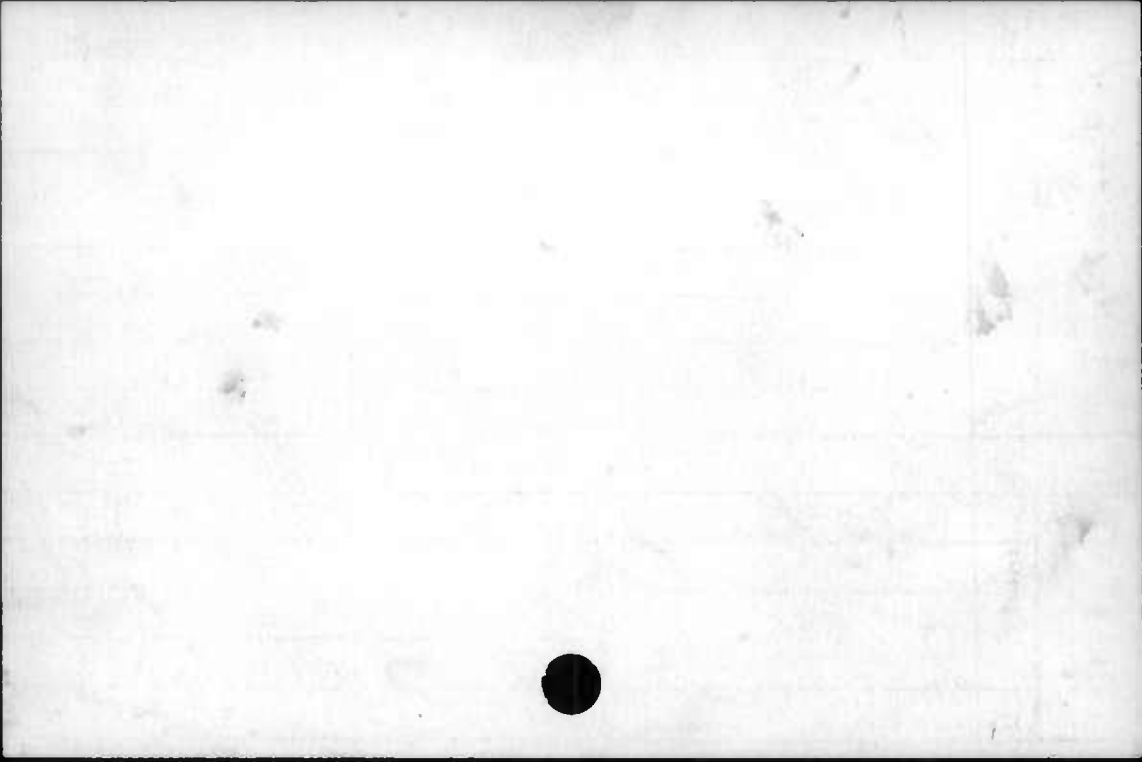
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	12	Day	29
Age	74	Years	74	Months	—
Sex	Male	Color or Race	white	Birth-place	MD
Occupation	Court Clerk		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Spessard		
Father's Name	John Spessard		Father's Birthplace	MD	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Elmer E. Spessard		How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	Four days
Immediate	Paralysis	How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J E		Address	
		Chas B. Bayle	
		Hagerstown MD	
Accident or Suicide?			



Name  
In  
Full

George M. Stonebraker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Wash.</i>		County		MARYLAND	
Date of death	1906	Month	12	Day	7	Age	60
Sex	male	Color or Race	white	Birthplace	Md.		
Occupation	Insurance agent			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife " <i>Mrs Florence V Stonebraker</i>			
Father's Name	<i>Samuel Stonebraker</i>			Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	<i>Margaret Pennel</i>			Mother's Birthplace <i>Penna.</i>			
Name of person giving information	<i>Levin C. Stonebraker</i>			How related to deceased <i>son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Interstitial nephritis</i>	How long	<i>Three years to my knowledge</i>
Immediate	<i>Dilatation of heart</i>	How long	<i>Seven weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. W. Hummichouse</i>
		Address	<i>Hagerstown Md.</i>
Accident or Suicide?			

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1900

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Robert L. Thomas

Town Hagerstown County Washington MARYLAND

Died at Hagerstown

Date of death 1906 Month Dec. Day 11th Age 34 Years Months 5 Days 18

Sex Male Color or Race Colored Birth-place Md.

Occupation Waiter. Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Bertha Brown

Father's Name Oliver Thomas Father's Birthplace Md.

Mother's Maiden Name Bessie Butler Thomas Mother's Birthplace Md.

Name of person giving information Bertha Brown How related to deceased Wife.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis How long 2 yrs.

Immediate Exhaustion How long 3 mo.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. Scheller

Address Hagerstown, Md.

Accident or Suicide? No

Halfway

Name  
in  
Full

Residing in **Humamaker**

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

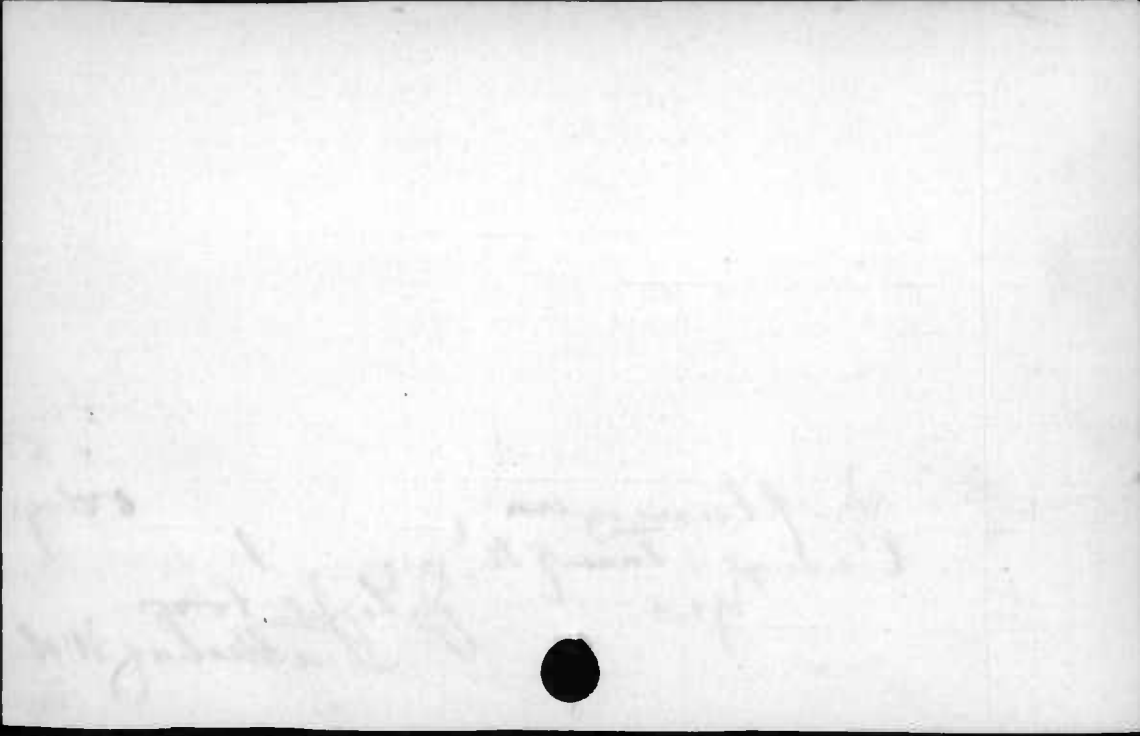
Died at <b>N. C. Mill</b>		<b>Wash, Co</b>		<b>MARYLAND</b>	
Date of death <b>1906</b>	Month <b>Dec.</b>	Day	Age <b>73</b>	Years	Months
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Monkwood</b>			
Occupation <b>Miller</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Ann E.</b>				
Father's Name <b>John Humamaker</b>	Father's Birthplace <b>Ind</b>				
Mother's Maiden Name <b>Liddie Shoop</b>	Mother's Birthplace <b>Ind</b>				
Name of person giving information <b>Ann E. Humamaker</b>	How related to deceased <b>Wife</b>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Apoplexy</b>	How long <b>24 hr</b>
Immediate <b>Cerebral Hemorrhage</b>	How long <b>"</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>S. S. Davis</b>
	Address <b>Boonsboro</b>
Accident or Suicide?	

**(64)**





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Ruth Gray Webster</b>		Town <b>Hancock</b>		County <b>Washington</b>		MARYLAND	
Died at		Date of death		Age		Months	
		<b>1906 Dec 21</b>		<b>3</b>		<b>2</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Md.</b>		Days <b>24</b>	
Occupation _____				Where Residing if not at place of death <b>Died at home.</b>			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <b>James Smith Webster</b>				Father's Birthplace <b>St Britan</b>			
Mother's Maiden Name <b>Sarah A. Gray</b>				Mother's Birthplace <b>West Va.</b>			
Name of person giving information <b>J. S. Webster</b>				How related to deceased <b>Father.</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Asphyxia from Drowning</b>	How long <b>1 hour</b>
Immediate <b>Exhaustion</b>	How long _____
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. A. West</b>
	Address <b>Hancock</b>
Accident or Suicide? <b>Yes</b>	



Name  
in  
Full

Thelma. Romane. Middle.

## CERTIFICATE OF DEATH

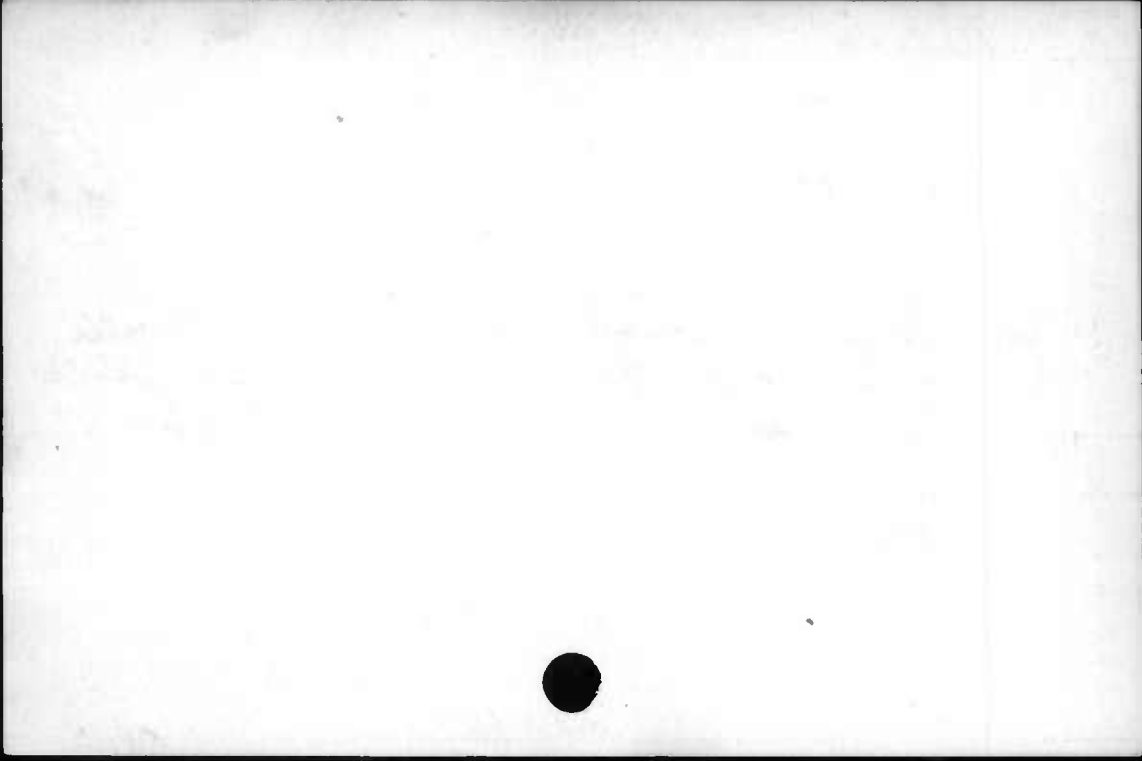
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Edgemount</i>		Town <i>Edgemount</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>12</i>	Day <i>26</i>	Age	Years <i>2</i>	Months <i>28</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Edgemount</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Daniel Middle</i>				Father's Birthplace <i>Wash. Co.</i>			
Mother's Maiden Name <i>Fleming Alice Hall</i>				Mother's Birthplace <i>Fred. Co.</i>			
Name of person giving information <i>Daniel Middle</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Influenza</i>	How long	<i>5 days</i>
Immediate	<i>Cerebral tumor of the brain</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. L. Jackson</i>	
		Address <i>St. Michaels Md</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

Rebecca Wolford

Town

County

MARYLAND

Died at

Dummsville

Wash

Date

of death 1906

Month

12

Day

26

Age

Years

80

Months

11

Days

5

Sex

Female

Color or  
Race

White

Birth-  
place

Wolfville, Ind Co.

Occupation

Where Residing if not  
at place of death

Dummsville.

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Wm Wolford.

Father's  
Name

Peter Gorsnickle.

Father's  
Birthplace

Wolfville

Mother's  
Maiden Name

Rebecca Hauser.

Mother's  
Birthplace

Fox-ville.

Name of person giving  
information

Isaac Long

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Paralysis

How long

one week

Immediate

Prostration

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W. Richardson

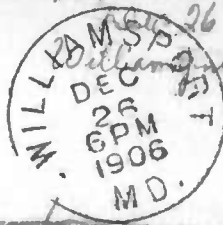
Address

Williamport Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Rt #22



~~Mr. W. S. Richardson~~

~~Williamsport~~

~~Md~~

J. B. Clavin

Route #22

Name  
in  
Full

Flakey, Irene, W. order

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Smithsburg</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>			
Date of death	190 <i>4</i>	Month	<i>12</i>	Day	<i>30</i>
Age		Years		Months	<i>3</i>
				Days	<i>21</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>near Smithsburg</i>
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Thomas W. order</i>		Father's Birthplace	
				<i>Leavetown</i>	
Mother's Maiden Name		<i>Florence Buzzard</i>		Mother's Birthplace	
				<i>Boonsboro</i>	
Name of person giving information		<i>Florence W. order</i>		How related to deceased	
				<i>Mother</i>	

## CAUSES OF DEATH

Primary	<i>Indigestion &amp; Throat</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. L. W. order</i>	
		Address	
		<i>Smithsburg</i>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1904	Month	12	Day	17	Age	45
Sex	Male	Color or Race	White	Birthplace	MD	Months	8
Occupation	Lumber			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Orville Wright			Father's Birthplace			
Mother's Maiden Name	Lizzy Henderson			Mother's Birthplace			
Name of person giving information	Laure Howard			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Heart Failure

How long

Sied suddenly

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

179

St. Vincent M.D.

Hagerstown MD

Accident or Suicide?

